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War Department Technical Manual

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**PHYSICAL RECLASSIFICATION
RETIREMENT AND
RETIREMENT BENEFITS
FOR OFFICERS**

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War Department

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FOREWORD

1. Applicability. a. Physical reclassification of an officer is a medical and personnel administrative procedure performed for the War Department as stated in Part I.

b. Retirement of an officer is an action prescribed by statutes set forth in Part II.

c. Other administrative action subsequent to a Retiring Board meeting is contained in Part III.

d. This manual is applicable to all commissioned officers of the Army, including female commissioned officers, Army nurses, dietitians, physical therapists, warrant officers and flight officers.

2. Purpose. For a long time there has been a lack of uniform procedures in retiring or releasing officers from active duty for physical incapacities. In recognition of this problem an initial approach has been made to cut delays and "red tape" in retirement procedures and substitute a simplified and standardized working procedure throughout the Army.

3. Improvement of Procedures. The basic approach has been to improve all related procedures at all levels in the War Department by:

a. Provision of complete instructions for administrative actions within one technical manual.

b. Elimination of unnecessary forms, reviews, signatures, approvals, and handling of documents.

c. Protection of the best interest of the officer whose incapacity is being inquired into and those of the Army.

d. Request being made for clinical records and records from The Adjutant General necessary as soon as a ward officer anticipates that an officer patient may be physically classified as permanent limited service or that he may appear before an Army Retiring Board or an Army Nurse Corps Retiring Board.

e. Provision for necessary detailed instructions, illustrations, and forms for preparing prescribed records for the first time.

4. Personnel to Administer Procedure. Well trained and qualified personnel should be selected for the retiring boards and to act as medical witnesses. Where justified, full time personnel should be considered by appointive authorities.

5. Morale of Officer Patients in Hospital. The speed of operations under these standard procedures will improve the morale of patients by eliminating unwarranted delays. More complete information for answering questions of officer patients is made available.

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6. Hospital Facilities. Increased hospital facilities will result from these operations.

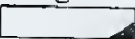
7. Arrangement of Text. By reference to the Table of Contents a reader may readily determine what section of the manual is applicable for his use. All members of retiring board and the medical witnesses should familiarize themselves thoroughly with Part II.

8. Arrangement of the manual.

a. Changes to this manual will be supplied on a page basis, and will be published as required. As change pages are received, they will be inserted in their proper place, and the replaced pages destroyed.

b. Each page of the manual bears a date in its upper inside corner. This date is the date of the publication. Pages which represent changes will carry the date and number of the change.

c. Pages are numbered consecutively throughout the book. If new pages are added within the book, the added pages will carry alphabetical suffixes A,B,C, and so on. For example, if a new page is added between 35 and 36, the page will be numbered 35-A. A second additional page in the same place would be numbered 35-B, and so on.

d. The procedure charts in this manual illustrate graphically the flow of each document and the action taken on each copy throughout the process. The rectangular blocks represent the form and number of copies prepared. The shaded portion inside the lower right hand corner of a block indicates that the document was originated by the organization unit shown in the column heading above, example . The numbers appearing in the blocks reflecting the copy numbers do not necessarily appear on the forms, but are intended to be used as a guide in following the flow of a document. The symbols **D**, **F**, or **R**, shown on the charts are used to denote Destroys, Files, or Retains respectively.

9. The procedures set forth herein have been developed and tested in the field. In many cases they represent major changes in existing methods. These procedures are furnished for the information and guidance of all concerned. The time schedule has been established as a guide for normal operations to complete all administrative actions to retire an officer in seventeen days. See Table 1 for a processing time schedule.

10. Forms not bearing a WD, WD AGO, or VA number may be reproduced locally.

11. Commanding Generals of Service Commands, The Military District of Washington, The Surgeon General, and The Commanding General Army Air Forces are authorized to make minor modifications in the procedures for military installations under their command.

12. Recommendations for change or improvement in forms or procedures should be transmitted through channels to the Control Division, Army Service Forces, Pentagon, Washington 25, D. C.

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★ **PART I** Procedure Preliminary
to Army Retiring Board Action, Including
Physical Reclassification. ★

TIME

PROCESSING PHYSICAL RECLASSIFICATION OF AN

ACTION TAKEN BY	AS SOON AS POSSIBLE AFTER ADMISSION	AS SOON AS POSSIBLE AFTER RETIREMENT OR PERMANENT LIMITED SERVICE IS ANTICIPATED	DATE OF DISPOSITION BOARD MEETING	DAY FOLLOWING DISPOSITION BOARD MEETING
WARD OFFICER	- Forward diagnosis slip to Registrar.	- Forwards clinical records and worksheet, WD AGO 8-118, to chief of service.		
CHIEF OF SERVICE		- Forwards clinical records and work sheet to board.		
REGISTRAR	- Request clinical records from other Army hospitals and civilian medical agencies who treated officer prior to entry on active service, if indicated.			
BOARD MEMBERS AND SECRETARY			- Prepares and signs Board proceedings on WD AGO Form 8-118.	
COMMANDING OFFICER OF STATION OR HOSPITAL WHICHEVER APPLICABLE			- Signs Form 8-118, or reconvenes board, or forwards to higher authority.	
LIAISON OFFICER IF PRESENT AT MEDICAL FACILITY				- Issues certificate of non-essentiality, or arranges for assignment of officer.
CLASSIFICATION-INTERVIEWER				
PERSONNEL OFFICER OF HOSPITAL		- Requests records for the Army Retiring Board from The Adjutant General by mail or air mail on WD AGO Form 251.		- Prepares and issues orders returning an officer to duty or ordering his appearance before an ARB. Or, forwards Permanent limited service cases to The Adjutant General, Officers Branch (WD AGO Forms 56 and 8-118).
HIGHER AUTHORITY (ONLY IF REQUIRED BY WAR DEPARTMENT DIRECTIVES)				
THE ADJUTANT GENERAL				
THE FISCAL DIRECTOR WASHINGTON, D. C.				
MEDICAL WITNESSES				
RECORDER OF RETIRING BOARD				
PRESIDENT OF RETIRING BOARD				
THE COMMANDING GENERAL ARMY AIR FORCES (AIR SURGEON)				
THE SURGEON GENERAL				
DISBURSING OFFICER SERVICING HOSPITAL				
SEPARATION CENTER				

NOTE: IF OFFICER IS FOUND NO1

TABLE 1

SCHEDULE

OFFICER - TOTAL OVERALL NORMAL TIME 17 DAYS

WITHIN TWO DAYS AFTER RECEIPT OF REQUEST FOR ACTION INDICATED BELOW.	WITHIN THREE DAYS AFTER RECEIPT OF REQUEST FOR CERTIFICATION OF ESSENTIALITY	DATE OF ARMY OR NURSES RETIRING BOARD MEETING.	DAY FOLLOWING RETIRING BOARD MEETING	WITHIN THIRD DAY AFTER RETIRING BOARD MEETING OR AFTER REQUEST FOR ACTION INDICATED BELOW IF OFFICER IS FOUND INCAPACITATED
			- Prepares WD AGO Form 100.	
			- If officer is to be relieved or transferred, issues appropriate orders. - Receives WD AGO Forms 100, 519, and 65.	- Drops officer on effective date of change on morning report. - Mails 519; cancels 65 card. - Distributes lapel button and WD 21-4. - Prepares Form 53-97.
- Receives WD AGO Form 8-118 if required. - Wires hospital what disposition is to be made of officer.				
	- Forwards records requested on WD AGO Form 261 for ARB only if officer is considered nonessential or not fit for any military duty. - Forwards certification of essentiality or nonessentiality.			
- After receiving request for computation of retirement pay computes same and forwards computation to The Adjutant General.				
		- Submits Report of Physical Examination, WD AGO Form 63, and testimony to retiring board.		
		- Assembles required records for Army Retiring Board meeting and completes proceedings, WD AGO Form 199.	- Forwards Army or Nurses Retiring Board Proceedings to the War Department	
		- Conducts Army or Nurses' Retiring Board meeting in accordance with AR 605-250. - Signs proceedings.		
				- Reviews Army Retiring Board proceedings of an officer of Army Air Forces.
				- Reviews and acts on an Army Retiring Board proceedings for all officers.
				- Pays officer, WD Form 384. - Discontinues allotments, WD AGO Form 30-3.
				- Picks up officer on morning report on effective date. - Distributes 66 card, 65 Form.

INCAPACITATED SEE TABLE 2.

CHAPTER I

GENERAL

1. Applicability. a. Classification of officers for general or limited service, and hospitalization and disposition (including determination of eligibility for retirement benefits, in appropriate cases) of officers determined to be physically unfit for general service or for limited service will be governed by these instructions. Physical unfitness as used herein includes both physical and mental incapacity.

b. This manual is applicable to all commissioned officers of the Army (including female commissioned officers), Army nurses, dietitians, physical therapists, warrant officers, and flight officers. Special provisions pertaining to general officers are contained in paragraph 3 below. For instructions concerning certain officer patients who are battle casualties, see Circular No. 161; War Department, 1944.

c. The following medical facilities are authorized to classify officers for general or limited service and to order officers before Army retiring boards, in accordance with the provisions of these publications: named general hospitals; temporary general hospitals established by the War Department; Army Service Forces convalescent hospitals (ZI) and regional station hospitals; Army Air Forces convalescent hospitals and regional station hospitals, as specifically designated by the Commanding General, Army Air Forces; and additional hospitals that may be specifically so authorized by the War Department.

d. Hospitalization of officers overseas will be handled under policies prescribed by the theater commander having jurisdiction. Where return for hospitalization in the continental United States is necessary, officer patients will be ordered by oversea commanders to appropriate continental ports of debarkation. WD AGO Form 66-1, 66-2, or 66-3 will accompany officers whenever possible. The port commanders concerned will issue further orders to general hospitals. Port commanders will request instructions from the War Department prior to issuance of orders for general officers. In cases of emergency such general officers may be ordered to general hospitals without delay and a report of this fact made to the War Department.

2. Limited service status. a. Physical standards for commission and appointment of officers, warrant officers and flight officers for active (general) military service are set forth in AR 40-105 and 40-100, respectively.

b. Due regard will be given to the provisions of the above-mentioned regulations in considering the physical qualifications of officers for retention on active (general) service. However, in this connection, the mentioned regulations will not be as strictly interpreted as for appointment or entrance on active duty.

c. Thus, officers may be found capable of performing active (general) service even though they have diseases, injuries, or infirmities which would disqualify them for original appointment, provided such diseases, injuries or infirmities are of such a nature and degree as not to affect adversely the performance of active (general) service (including oversea duty) considering the individual's age, grade, branch and MOS.

d. Appropriate consideration will also be given to a record of satisfactory performance of general service over a reasonable period of time.

e. An officer's permanent status will be changed from general service to limited service, or from limited service to general service, only pursuant to action of a disposition board at a medical facility specifically so authorized by the War Department (see paragraph 1c, above) or pursuant to action of an Army retiring board, duly approved by competent authority. A general service officer placed in a temporary limited service status by a disposition board with orders to revert to a general service status on a specified date without reexamination will revert to general service automatically on the date specified.

f. All Regular Army officers who have been retired for disability and who are serving on active duty are considered as in a permanent limited service status consistent with current physical condition and such status will not be changed except as to types of duty for which qualified or disqualified.

3. General officers. The provisions of this manual, as modified by this paragraph, are applicable to general officers.

a. In cases of emergency, a general officer arriving at a port or airport within the continental United States, who has been returned to the United States for hospitalization or is en route to oversea assignment, will be ordered without delay to an appropriate medical facility by the port or airport commander as indicated in paragraph 1c. In other cases, the port commander will request instructions from the War Department prior to issuing orders.

b. When a general officer is ordered to a medical facility other than the station hospital of his home station, immediate report of that fact will be made by his immediate commander through channels to the War Department. In addition, whenever sick leave is granted to a general officer, the Assistant Chief of Staff, G-1, will be notified immediately by direct Army net telegram. Notification will include the officer's address while on leave and the duration of such leave.

c. When a general officer relieved from assignment during hospitalization is ready for return to duty, report will be made to the War Department by the commanding officer of the medical facility concerned giving full details of the case and requesting assignment instructions.

d. Recommendation of medical disposition board that a general officer be returned to duty in a limited service status, or ordered before an Army retiring board, will be submitted to the War Department for decision and appropriate instructions.

4. Preliminary examination for determination of physical fitness.

a. When a commanding officer believes that an officer of his command has become permanently incapable of performing the duties of his position because of

physical incapacity, or has become physically capable of general military service although currently in a limited service status, the commanding officer will cause the officer concerned to be ordered before a board of medical officers with a view of determining his present physical condition and the need for physical reclassification. The board should consist of at least two medical officers when available, but may consist of one medical officer. Officers who have been classified as physically fit for limited military service or who, while currently serving in a limited service capacity, have been considered for re-evaluation and disqualified for return to general military service will not be returned to a medical facility for physical re-evaluation until a period of 90 days has expired since the previous examination.

b. The commanding officer of the hospital will transfer the officer on a patient status to the nearest medical facility specifically authorized by the War Department for observation, treatment, and appropriate disposition when the medical board mentioned in a above determines that the officer concerned is--

- (1) Not capable, because of permanent physical incapacity, of performing general service duties although currently in a general service status, or
- (2) Not capable, because of permanent physical incapacity, of performing limited service duties although currently in a limited service status, or
- (3) Physically capable of general service duties although currently in a permanent limited service status.

c. (1) The commander who issues the order for hospitalization will forward a copy or photostat copy of the Officer's Qualification Card, WD AGO Form 66-1, -2, or -3, and copies of any disposition boards, line of duty boards, or other pertinent reports, to the medical facility to which the officer is ordered.

- (2) In the case of officers returned from overseas, and in other instances where the Officer's Qualification Card does not accompany the officer to the medical facility, it will be the responsibility of the hospital commander concerned to have the officer interviewed at the earliest practicable time and a new Qualification Card prepared from all available data.

d. If an officer enters a hospital as a direct-casual (par. 49b, AR 40-1025) or is admitted from sick leave, convalescent furlough or AWOL from another medical installation (par. 49c(2), AR 40-1025), the commanding officer of the hospital will communicate with the last previous commanding officer of the patient, in the case of an officer assigned in the continental United States, or the Redistribution Station to which the officer was sent by the Reception Station, in the case of an officer recently returned from overseas, to ascertain if reclassification or other similar board proceedings are pending on the officer patient. See paragraph 7j, AR 605-230.

CHAPTER 2

REQUESTING RECORDS NECESSARY FOR APPEARANCE OF AN
OFFICER BEFORE AN ARMY RETIRING BOARD OR ARMY NURSE
CORPS RETIRING BOARD

5. Requesting records. Section 1 of Chart 1 shows the records ultimately necessary if an officer is ordered before a retiring board or may be reclassified permanent limited service. For procedures to operate successfully, the ward officer will anticipate such an appearance and notify the registrar immediately. The registrar, and in turn the personnel officer, will request necessary records without delay when it seems apparent that the officer should appear before an Army retiring board. If these actions are taken promptly it will be possible to assemble required records while definitive hospital treatment is being administered to an officer patient.

6. Records required. The records required for an Army retiring board or an Army Nurse Corps-retiring board are:

a. Records from The Adjutant General:

- (1) Statement of Service of the Officer, WD AGO Form 261, verified by The Adjutant General. Not required in the case of a Regular Army officer whose service appears in The Army Register.
- (2) Available original entrance and all other physical examinations.
- (3) Other available original medical records (including enlisted medical records if any), field tags, clinical records and register cards.

b. Clinical records of an officer from other United States Army hospitals and civilian sources if available.

c. Officer's Qualification Card, WD AGO Form 66-1, -2, or -3.

d. In all cases other than a Regular Army officer, where an officer has had World War I service, the Veterans Administration, Washington, D.C., will be contacted to see if they have a record of a previous claim from the officer and to forward an abstract of such records as are available.

7. Transfer of records with patient. In the event the officer is transferred to another Army hospital subsequent to the date the records are requisitioned and may appear before the retiring board at that hospital, all medical records including those received from The Adjutant General's Office with photostats will be forwarded to the hospital to which the officer is transferred and the commanding officer of the latter hospital will be so informed.

8. Records required by Veterans Administration. The Veterans Administration requires the records listed below regardless of whether or not the officer is to receive retirement pay or disability pension:

a. Photostat of reports of physical examination at time of entrance on active duty. These will be obtained from The Adjutant General and will include

normally WD AGO Form 63, Report of Physical Examination; WD AGO Form 64, Physical Examination for Flying; and, in the case of officers formerly in an enlisted status, report of physical examination on entrance into the military service. (The original of reports of physical examination will be kept with and attached to the proceedings of the retiring board.)

b. One copy of each Report of Physical Examination, WD AGO Form 63, prepared for the retiring board.

c. Original clinical records from each hospital in the United States in which the officer has been hospitalized, including the one in which he is hospitalized at the time of appearing before the board.

d. Original clinical records received from The Adjutant General.

e. Photostats of Medical Report Card, WD AGO Form 8-24 (formerly WD MD Form 52).

f. Application for Pension (Veterans Administration Form 526, long-form) or statement by the officer that he does not desire to file an application at this time, WD AGO Form R-5004.

g. Copy of orders (or other instrument) relieving officer from active duty.

9. Procedure for obtaining and transmitting required records.

a. Request on other Army hospitals for clinical records will be submitted in duplicate on WD AGO Form R-5003.

b. Requests to The Adjutant General will be submitted on WD AGO Form 261 in six clearly legible copies and addressed as follows (use of air mail authorized):

Separation Section
Officers' Branch, AGO
Munitions Building
Washington 25, D. C.

The Adjutant General will forward the records required above and other necessary records for retiring boards as are in his custody and within his duty to procure.

c. In order to eliminate delays in the transmittal of records, extreme care will be exercised in entering the name and serial number of the officer involved.

d. The hospital receiving a request (WD AGO Form R-5003) will retain one copy for record purposes and use the other copy as a letter of transmittal in forwarding the records.

e. Except as indicated below, air mail will be used in forwarding requests and transmitting records when such means is more expeditious than regular mail. If weather or other conditions prevent transmittal of requests for records from those places where air mail would be used normally, Army net telegrams may be used in lieu of air mail. Air mail will not be used normally in transmitting bulky clinical records to the Veterans Administration.

f. Upon receipt in The Adjutant General's Office or in another hospital of the request for records, such records will be transmitted within 72 hours. If the requested records cannot be located or are not readily available, the commanding officer of the requesting hospital, within 10 days of the receipt of the request, will be advised as to steps being taken to obtain the requested records.

g. When a hospital in a numbered service command is to be closed and the records thereat transferred to another location, the commanding general of the service command in which the hospital being closed is located will notify the commanding general of each other numbered service command the place to which requests for records in such closed hospital should be sent. See paragraph 6b, Circular No. 416, War Department, 1944. When such information is received at the headquarters of a service command, it will be transmitted to all military hospitals in the geographical limits of the service command including those under the jurisdiction of the Army Ground Forces and Army Air Forces. Every effort will be made to furnish the above information prior to the actual closing of the hospital.

REQUESTING CLINICAL AND RELATED RECORDS ARMY RETIRING BOARD OR AN

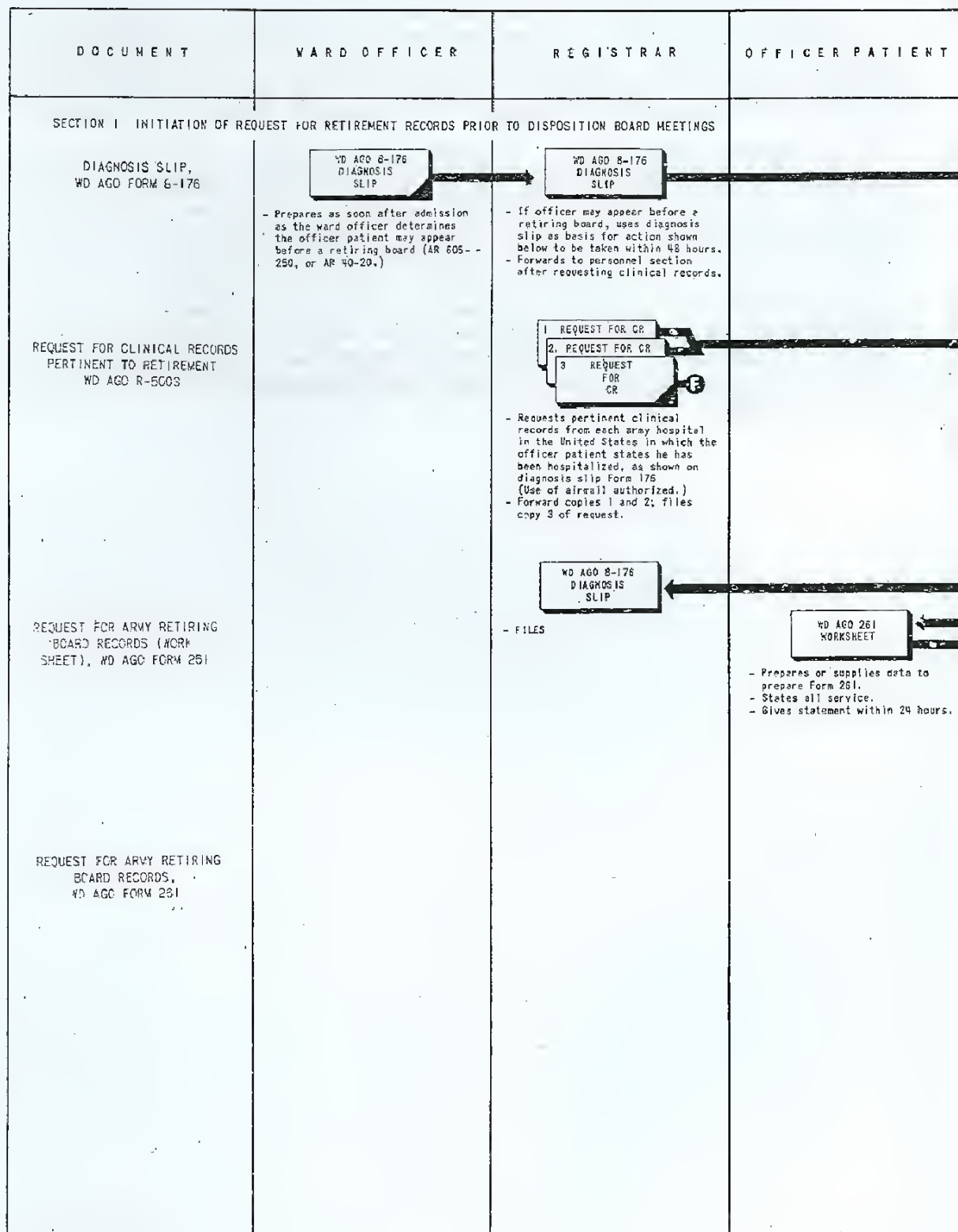
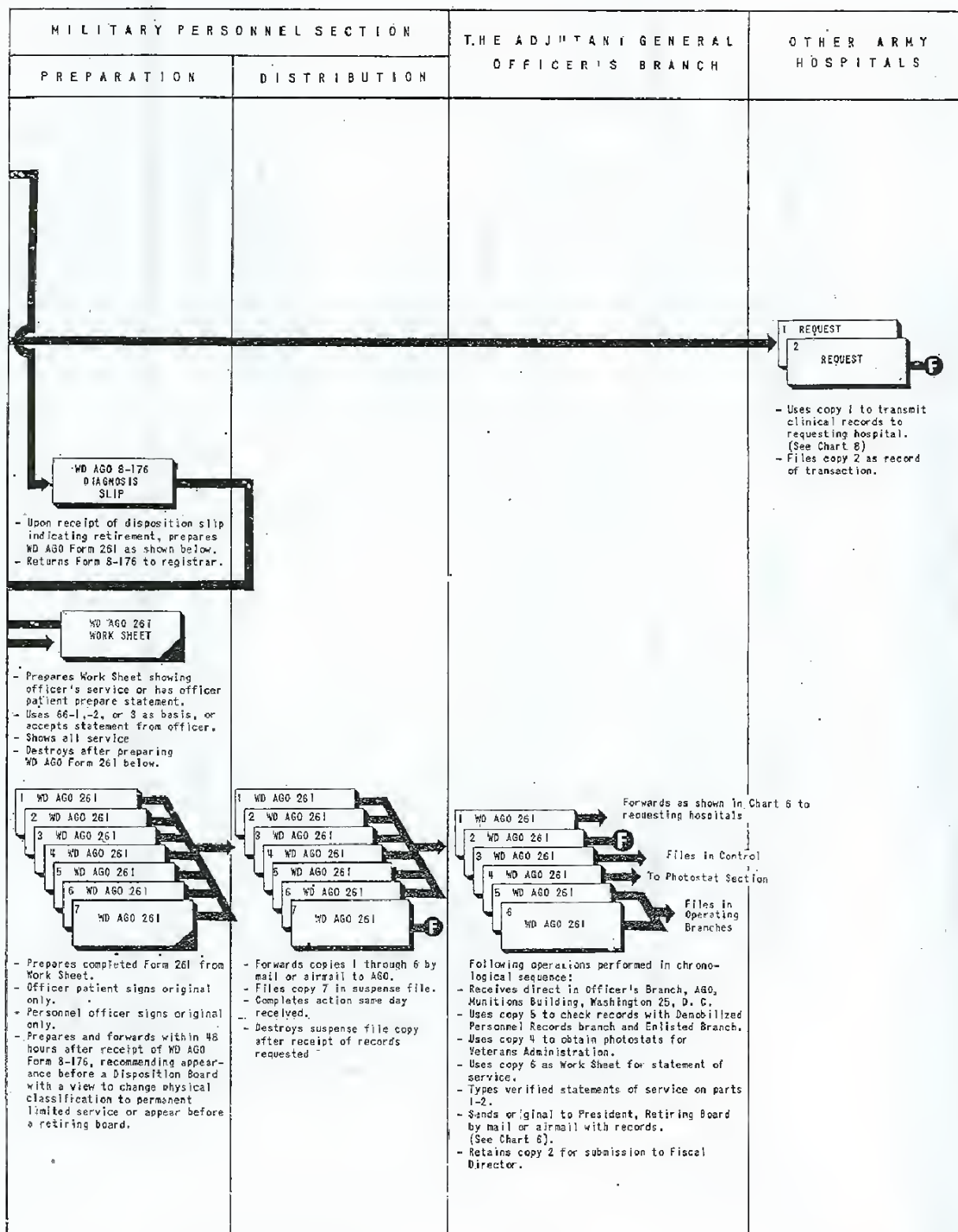


CHART 1

NECESSARY FOR APPEARANCE OF AN OFFICER BEFORE AN ARMY NURSE CORPS RETIRING BOARD



REQUEST FOR CLINICAL RECORDS FROM OTHER ARMY HOSPITALS

LAST NAME Doe	FIRST NAME John	MIDDLE INITIAL M	ARMY SERIAL NO. W-800 510 (O 456 203)	DATE OF HOSPITALIZATION June 1930	DATE OF REQUEST 1 Sept 1945
------------------	--------------------	---------------------	---	--------------------------------------	--------------------------------

REQUEST FOR CLINICAL RECORDS PERTINENT TO OFFICER RETIREMENT

<p>REQUESTING HOSPITAL</p> <p>Schick GH Clinton, Iowa</p>	<p>TRANSMITTING HOSPITAL</p> <p>NAME OF HOSPITAL Fitzsimons GH</p> <p>ADDRESS</p> <p>CITY AND STATE Denver, Colorado</p> <p>Attention: Registrar</p>
---	--

WD AGO FORM R5003
18 DEC 44

SUBMIT IN DUPLICATE - DO NOT FOLD - NO SIGNATURE REQUIRED

Reproduced Locally

REQUEST FOR ARMY RETIRING BOARD RECORDS, WD AGO FORM 261

REQUEST FOR RECORDS FROM THE ADJUTANT GENERAL

1. LAST NAME—FIRST NAME—MIDDLE NAME DOE, John Maynard		0456203	2. ALL ARMY SERIAL NUMBERS W-800510 R-246789		3. GRADE Major	4. ARM OR SERVICE Inf				
5. LAST PERMANENT UNIT ORGANIZATION (REGIMENT, SQUADRON, GROUP, COMPANY) Atchd unassgd (93 Inf Div)			6. NAME AND LOCATION OF REQUESTING HOSPITAL Schick GH Clinton, Iowa		7. DATE OF REQUEST 1 Sept 45					
8. STATEMENT OF SERVICE SHOW ALL SERVICE CREDITED FOR LONGEVITY PAY PURPOSES UNDER P. L. 431, 76TH CONGRESS.										
GROUP ENLISTED SERVICE FIRST; COMMISSIONED SERVICE SECOND; SHOW EACH GROUP IN THIS SEQUENCE—RA, AUS, NAT, GRS, RESERVE, OTHER OF SERVICE BEING OVER THIS PAGE, USE SECOND PAGE AFFIXED TO THIS PAGE			TYPE OF SERVICE RA, AUS, NAT, GRS, RESERVE, OTHER OF NAT. GRS, SHOW STATED		ENTER DATES					
			FROM—		TO—					
			DAY	MONTH	YEAR	DAY	MONTH	YEAR	SERVICE CREDITED	
① Enlisted (Federal) Active			RA	1	5	17	4	12	18	
② Enlisted (Federal) Inactive			ERC	2	2	19	7	8	20	
③ Enlisted (Non Federal) Active			NG-NY	5	1	24	6	6	25	
④ Enlisted (Federal) Active			RA	9	7	25	1	10	27	
⑤ Warrant Officer (Federal) Active			RA	2	10	27	7	7	37	
⑥ Commissioned (Federal) Inactive			ORC	5	8	33	7	7	37	
⑦ Commissioned (CCC duty) Active			ORC	7	8	37	7	7	41	
⑧ Commissioned (Federal) Active			ORC	7	8	41	9	3	42	
⑨ Commissioned (Federal) Active			AUS	10	3	42	2	11	44	
⑩ Enlisted (Navy) (Federal) Active			USN	1	9	20	5	12	23	
⑪										
⑫										
⑬										
9. DATE AND PLACE OF BIRTH 1 Jan 1900 Chicago, Illinois			TOTAL							
10. PERMANENT ADDRESS FOR MAILING PURPOSES 7900 So United Ave., Chicago, Illinois			11. LEGAL RESIDENCE (FOR TRAVEL PAY PURPOSES) Pt. Custer, Mich		CONVERTED TO YEARS—MONTHS—DAYS					
12. HAS THE OFFICER EVER APPEARED BEFORE AN ARMY RETIRING BOARD (SEE WD AGO 46-1, 2, OR 3) (ANSWER YES OR NO; IF YES, STATE WHEN AND WHERE AND ATTACH PRESENT DIAGNOSIS ON ONE CONTINUATION SHEET.) No										
13. HAS OFFICER INCURRED A DISABILITY IN COMBAT OR AS A RESULT OF AN EXPLOSION OF AN INSTRUMENTALITY OF WAR? (ANSWER YES OR NO) Yes			14. IS OFFICER A FORMER ENLISTED MAN IN THE REGULAR ARMY WITH OVER 20 YEARS SERVICE? (ANSWER YES OR NO) No			15. IF ITEM 14 IS YES ONLY ENTER APPROPRIATE MARKS. SEE INSTRUCTIONS. (ANSWER YES OR NO) No				
16. I CERTIFY I HAVE STATED MY SERVICE TO THE BEST OF MY KNOWLEDGE (SIGNATURE OF OFFICER—ITEM 9) <i>John M. Doe</i>			17. SIGNATURE OF PERSONNEL OFFICER <i>John E. Dempster</i>							
18. NAME AND GRADE OF PERSONNEL OFFICER (TYPE) John E Dempster, 1st Lt. AGD			FORWARD IN SIX PARTS DIRECTLY TO (ADDRESS AUTHORIZED) THE ADJUTANT GENERAL'S OFFICE, OFFICERS' BRANCH, MUNITIONS BUILDING, WASHINGTON 25, D. C.							
1. USE AN EXTRA COPY AS A WORKSHEET 2. SIGN ORIGINAL ONLY 3. UNAVAILABILITY OF SPECIFIC DATA WILL NOT DELAY PREPARATION OF THIS FORM										

WD AGO FORM 261 This form superseded WD AGO Form 261, 1 November 44, which will not be used after receipt of this revision.

16-4

10. WD AGO Form 261, Instructions for preparation of Request for Records from The Adjutant General. a. Care will be exercised in preparation of Form 261 in order that the form will fully serve its purpose in expediting the forwarding of records to the board requesting them.

b. This form has been designed so it will not be obvious to an officer it is a request for retirement records but rather a routine request for records from The Adjutant General.

c. Entries must be made in each section of the request. Item numbers of the form will be completed according to the following instructions.

ITEM NO.

1. Last Name - First Name - Middle Name. Be sure to spell out all three names. If there is no middle name or initial, no entry will be made under "middle name".

2. Army Serial Number. Use all serial numbers, if officer has had enlisted service and/or service as a warrant officer in addition to his officer status.

3. Grade. Enter present grade held.

4. Arm or service. Use arm or service of officer at time of request for records.

5. Unit Organization (Regiment, Squadron, Group, Command). Use designation of unit organization to which officer belonged immediately prior to hospitalization.

6. Name and Location of Requesting Hospital. Include the official name of the medical facility requesting the records and the post office address at which such facility is located.

7. Date of Request. Date should be that on which request for records is dispatched from the hospital.

8. Statement of Service: Show All Service Credited for Longevity Pay Purposes Under P.L. 421, 78th Congress. Extreme care in this item is of paramount importance. First Section: It is not desired that each individual assignment be listed. When applicable, first enter enlisted service specifying it as such using a separate line for each type such as Enlisted Reserve Corps, National Guard, Regular Army, etc. Nonactive Federal service and active Federal service will be set forth separately as will each separate period of enlistment. Second, show warrant officer service. Third, show commissioned service, again using a separate line for each type making separate entries for active Federal service and inactive. Show the date the officer accepted his commission. Enter active or inactive to indicate type of service for each entry in this column. Enter other service such as Naval, Coast Guard, etc., as mentioned in P.L. 421 - 78th Congress, on succeeding lines. Second section: Care in designation of type of service is essential for ease in verification. Third section: Dates must be accurate. Fourth section; Service Credited. Leave blank; this section

with the resulting totals will be completed by the Office of The Adjutant General.

9. Date and Place of Birth. Enter date and location of birth.

10. Permanent Address for Mailing Purposes. The address entered here should be the one at which the officer will receive his mail after relief from active duty.

11. Legal Residence (For Travel Pay Purposes). Regular Army officers who are being retired are entitled to select a home for travel to which they will be entitled to be paid. Officers of the reserve components on active duty and officers with rights similar to such officers are entitled to have the home of record in The Office of The Adjutant General at the time of entry on active duty considered for this purpose. Depending upon the attitude of the Comptroller General of the United States, which has not yet been ascertained, others may be entitled to select their homes in certain instances. Therefore, the home of record in The Office of The Adjutant General should be entered in all cases, and if the officer so desires, a home of selection may be added in parentheses. If it is administratively determined that such a home of selection can be given legal effect, that will be done.

12. Has the Officer Ever Appeared Before an Army Retiring Board? (Answer YES or NO.) If Yes, State When and Where and Attach Present (and Previous) Diagnosis on Continuation Sheets. This question must be answered so that reference to any former Army retiring board action may be checked against present diagnosis.

13. Has the Officer Incurred a Disability in Combat or as a Result of an Explosion of an Instrumentality of War: (Answer YES or NO.) The answer to this question is required to facilitate administrative determination in the Office of The Adjutant General whether pertinent provisions of the Economy Act of 1932 are applicable.

14. Is the Officer a Former Enlisted Man in the Regular Army with Over 20 Years Service: (Answer YES or NO.) The answer is Yes only if the total active enlisted and commissioned service is over 20 years.

15. If Item 14 is Yes only Enter Appropriate Remarks. State whether officer desires to be retired as an enlisted man of the Regular Army, if eligible therefore (Answer Yes or No.) In appropriate cases determinable by the War Department, former enlisted men of the Regular Army may be retired as such, after proper administrative procedures. The officer should be asked if he desires such retirement, if available to him, and advised that subsequent administrative determination of his case will effectuate his desire if he is eligible for that benefit.

16. I Certify I Have Stated My Service To the Best of My Knowledge (Signature of Officer - Item 1). Officer will use his normal signature.

17. Signature of Personnel Officer. This is the signature of the officer of the medical facility responsible for the proper preparation of this form.

18. Name and Grade of Personnel Officer (Typed). Same as name in Item 17 with grade and branch of service added.

CHAPTER 3

PHYSICAL RECLASSIFICATION OF AN OFFICER

11. Purpose of a disposition board of medical officers. A disposition board acting for the commanding officer of a hospital will make recommendations based on medical findings, diagnoses, history and other clinical records as to the physical condition of the officer and type of service for which he is qualified. These recommendations, based entirely upon medical opinion, will be as set forth in paragraph 14 a below.

12. Work sheet and preparation of Disposition Board Proceedings for Officers, WD AGO Form 8-118. a. The military personnel section will enter Items 1 through 15 on one copy of WD AGO Form 8-118, to be used as a work sheet. These items are entered by the personnel section to insure the accuracy of such basic data as arm or service, Army serial number, flight status, and other important considerations. The work sheet form is then forwarded by the military personnel section to the ward officer upon his request.

b. The ward officer enters his recommendations on the partially prepared work sheet and prepares a brief clinical abstract on an original and four carbon copies of blank white sheets of paper. The work sheet, clinical abstract and clinical records are forwarded through the chief of service to the medical disposition board.

c. The disposition board, having reviewed the records received, prepares the work sheet to reflect the recommendation of the board after examining the patient, directs the secretary or the secretarial pool to prepare the final Disposition Board Proceedings for Officers, WD AGO Form 8-118, with the clinical abstract attached. The president and the recorder of the board sign only the original copy of the WD AGO Form 8-118.

13. Approval of disposition board action. a. The disposition board proceedings are then forwarded to the registrar, who inserts the anticipated date of departure of the officer, if desired, on copies 1 through 5, and retains copy 5. The original and three carbon copies of the board proceedings are then forwarded to the commanding officer of the hospital for his approval and disposition.

b. For approval, see Chart 2.

14. Action of disposition board. a. Authorized recommendations. Upon completion of observation and treatment at a medical facility authorized the prerogative of physical reclassification, a disposition board will make appropriate recommendation for disposition of the officer as follows:

- (1) To return to duty for general military service.
- (2) To return to duty for general military service, with waiver of a physical defect nonprogressive in character and of such a slight degree as not to affect adversely performance of full duties appropriate to the

officer's grade and branch.

- (3) To return to duty in a permanent or temporary limited service status provided the officer is physically capable of efficient performance limited service duties. (See par. 16.)
- (4) Temporary limited service will not exceed 6 months. The board will recommend the date when the officer will revert automatically to general service status or the date on which he will return to a medical facility for final disposition. Care will be exercised not to place an officer on temporary limited service when the officer should be classified as permanent limited service.
- (5) To appear before an Army retiring board. (See Table 2.)

15. Disposition of officers subsequent to appearance before a disposition board. Subsequent to appearance of the officer before a disposition board, action as indicated below will be taken, in the case of named general hospital temporary general hospitals established by the War Department, Army Service Forces convalescent hospitals (ZI) and regional station hospitals by the commanding officer of the hospital. In the case of Army Air Forces convalescent hospitals, Army Air Forces regional hospitals, and in the case of other medical facilities having the prerogative of physical reclassification such action will be taken by the commanding officer of the station having the medical facility and his command.

a. When the officer is recommended by the medical disposition board to return to general service or temporary limited service duty and the commanding officer concurs with such recommendation, he will assign the officer in accordance with current directives. Where, in accordance with paragraph 14a (2), a waiver is necessary for a minimal physical defect the commanding officer will grant such waiver. In cases involving temporary limited service, he will specify the date when the officer will revert automatically to general service status or will return to a medical facility for final disposition.

b. When the officer is recommended by the medical disposition board to appear before an Army retiring board and the commanding officer concurs with such recommendation, he will issue the necessary orders directing the officer to appear before the president of the appropriate Army retiring board. In medical installations of the Army Air Forces where a retiring board is not constituted the commanding officer will transfer the officer on patient status to the nearest facility having a retiring board "for determination of the appropriateness of the officer's appearance before an Army retiring board."

c. When the officer is recommended for permanent limited service and

- (1) He does not desire to remain on active duty in a permanent limited service status, or
 - (2) Has been certified as nonessential as provided in paragraph 16,
- the commanding officer will order the officer before the appropriate Army retiring board without reconvening the disposition board. If the officer is recommended for permanent limited service and has been certified as essential as provided in paragraph 16, he will order the officer to the station of assignment obtained at the time of certification as to essentiality.

d. An officer will be ordered to the appropriate separation center when he is

- (1) Under orders for separation from the active service and -
 - (a) Was originally accepted for limited service duty, and
 - (b) Has been found fit for limited service duty at the present time, and
 - (c) His present incapacity is identical to the one with which he originally entered on active duty, and
 - (d) There is no evidence to indicate that the incapacity has been aggravated in the active military service.
 - (2) Under orders for separation from the active service and has been found fit for general service duty. In this case the fact that the officer is under orders for separation precludes the probability of an assignment for him, therefore he should be immediately returned to the separation center or the officer replacement pool of assignment for completion of separation processing procedures.
- e. The following procedure will apply to personnel returned to the United States on permanent change of station under the provisions of War Department letter AG 370.5 (10 Aug 44) OB-S-SPMOT-M, 16 August 1944, subject, Procedure for Return of Individuals (Short Title: PRI), who are hospitalized while on leave.
- (1) If the officer is recommended by a disposition board to return to duty on a temporary limited or general service status the officer will be ordered to revert to his leave status and upon expiration thereof to report to the redistribution station to which ordered by the reception station which originally granted his leave.
 - (2) If the officer is recommended by a disposition board to return to duty on a permanent limited service status the provisions of paragraph 16 will govern, except that the request for certification of essentiality quoted in paragraph 16b (2) (a) will be changed to add the following:

"This officer was returned from overseas service under Procedure for Return of Individuals (Short Title: PRI); was on a leave status at time of entrance into the hospital; has _____ days unused leave; estimated date of discharge from this hospital _____."

In the event that an assignment is obtained for the officer he will not be sent direct to the new assignment from the hospital but will be ordered to revert to his leave status and upon expiration thereof to report to the redistribution station to which originally ordered by the reception station which granted his leave. The assignment obtained will accompany his records from the hospital to the redistribution station, from which place he will be ordered to report to his new assignment.
 - (3) In the event certification as to essentiality is not obtained under (2) above, or if the officer is recommended by a disposition board to appear before an Army retiring board, the provisions of Table 2 will govern. The commanding officer of the medical facility at which the disposition board is located will take the necessary action to notify the commanding officer of the reception station which originally granted the officer his leave and the commanding officer of the redistribution

station to which he was to report, of action taken as a result of hospitalization of the officer concerned.

f. When the commanding officer does not concur with the recommendation of the medical disposition board, he will require the medical disposition board to be reconvened for reconsideration of its findings. If the commanding officer concurs with the findings of the reconvened medical disposition board, he will issue appropriate orders in accordance with a, b, or c above. If he does not concur with the findings of the reconvened medical disposition board, he will forward the disposition board proceedings together with his recommendation to higher authority for decision and publication of appropriate orders. The reviewing authority is established on the basis of command jurisdiction of the medical facility concerned, as follows:

Medical facilities of -

Reviewing authority

Army Air Forces. Commanding General, Army Air Forces.

Army Ground Forces Commanding General, Army Ground Forces.

Army Service Forces. Commanding general of the service command where the facility is located.

Exempt medical facilities reporting direct to The Surgeon General. . The Surgeon General.

16. Return to duty on temporary or permanent limited service status
(See Chart 5.) An officer patient will be returned to duty if he is -

a. Currently in a general service status but temporarily capable of only limited service duties. Such assignment to temporary limited service will not exceed 6 months. The board will recommend the date when the officer will revert automatically to general service status or the date on which he will return to a medical facility for final disposition. Care will be exercised not to place an officer on temporary limited service when the officer should be classified as permanent limited service.

b. Currently in temporary limited or general service status, but capable of performing only permanent limited service provided that the officer patient is desirous of remaining on active duty and the commanding general of the major command or defense command having assignment jurisdiction over the officer certifies that a position vacancy in grade exists for the officer in a military occupational specialty (MOS) for which he is qualified, and that his assignment is considered essential. The officer will certify his desire to remain on active duty by signing a statement, which will become part of his records and be forwarded with Army retiring board proceedings, as follows:

I (do) (do not) desire to remain on active duty in a permanent limited service status.

Date	Name	Grade	Arm or Service	ASN
The officer patient who certifies his desire to continue on active duty in a permanent limited service status will remain in a patient status pending certification as to essentiality. Paragraph 1, section VI, Circular No. 282, War Department, 1944, is modified accordingly. Certification will be obtained as follows: See Charts 3 and 4.				

representative, in accordance with instructions issued by the Commanding General, Army Air Forces.

- (2) Cases, other than officers of the Army Air Forces and of arms and services on duty with Army Air Forces, and Medical Department (including female components) (see (4) below), in which officers are carried on the morning report of the hospital as "attached from other organizations" or are carried on the sick report of their own organizations, will be referred by the commanding officer of the officer patient for certification, as follows:

- (a) As soon as it becomes obvious to the commanding officer of a general hospital or other designated medical facility that an officer will be ordered before a disposition board, and the board will probably find the officer physically qualified for permanent limited service, and the officer states his desire to remain on active duty in a permanent limited service status, the commanding officer of the hospital will notify the immediate commanding officer of the officer patient by the most expeditious means available (wire communication authorized) substantially as follows:

"Re paragraph 5b (2) (a) War Department Circular No. _____, 1945 (officer concerned) (date) DPO, (diagnosis), (MOS), RCW."

In the above message the "date" shown will be the date when the officer could be returned to duty; "DPL" would indicate officer is qualified for permanent limited service; "diagnosis" would be the specific cause for physical reclassification; "MOS" would indicate the MOS in which the officer is believed qualified to perform duty; and "RCW" would indicate that the hospital desires certification by wire that return of the officer is desired.

- (b) If the return of the officer is desired he will be returned to his organization; if return of the officer is not desired, he will be relieved from assignment, attached unassigned to the detachment of patients of the medical facility concerned, and the case will be processed as in (3) below. See (c) below.
- (c) In the case of an officer assigned to a unit under the jurisdiction of the Army Service Forces and his organization commander does not desire his return, the request for certification will be returned to the medical facility through the commanding general of the service command in which the organization is located, or through the chief of the technical service in the case of an officer hospitalized from a class IV installation, who may furnish an assignment for the officer in the same manner as his organization commander. If the commanding general of the service command or the chief of the technical service concerned does not desire assignment of the officer within his jurisdiction the case will be processed as in (3) below.
- (3) Cases, other than officers of the Army Air Forces and of arms and services on duty with Army Air Forces, when the officer patient is carried on the morning report of the medical facility as "Attached unassigned," including officers of the Medical Department (including

1 OCT

female components) or return of the officer is not requested under (2) above the following action will be taken:

- (a) The request for certification as quoted in (2) (a) above, accompanied by the Disposition Board Proceedings, WD AGO Form 8-11 and a copy or photostat copy of the Officer's Qualification Card WD AGO Form 66-1, -2, or -3, for all "attached unassigned" personnel will be forwarded direct to The Adjutant General, Attention: Officer's Branch, Munitions Building, Washington 25, D.C. accompanied by a completed WD AGO Form 261, Request for Army Retiring Board Records, if a request for these records has not been forwarded previously and it has been determined that the officer concerned will appear before an Army retiring board in the event he is not ordered assigned by The Adjutant General. When the Officer's Qualification Card is not available the commanding officer of the medical facility will certify as to the reason for unavailability.

1. If an assignment is available in the War Department, The Adjutant General will so notify the medical facility concerned by wire and retain the correspondence for filing.
2. If no assignment is available in the War Department, The Adjutant General will so notify the medical facility concerned by wire, will return all correspondence forwarded with the request for certification by the most expeditious means available, and the completed WD AGO Form 261 will be withdrawn by The Adjutant General to serve as the request for the necessary clinical records. See Chapter 2. This will enable the medical facility to make necessary preparations for placing the officer patient before the Army retiring board.

- (4) Officers of the Medical Department (including female components) except Medical Department officers on duty with the Army Air Forces, carried on the morning report of the medical facility as attached from other organizations and/or carried on the sick report of their own organization at the station where the medical facility is located will be returned to their former organizations without the certification required by (2) above if the hospital commander concerned is of the opinion that the officer patient can perform the type of duties normally required of him in his own organization. If it is not believed he is physically capable of performing duty in his organization, certification as to essentiality will be obtained in the normal manner.

c. Certification of essentiality of officers currently in a permanent limited service status whose status remains unchanged by recommendation of the board will be obtained as in (1), (2), (3), or (4), above.

17. Instructions for completion of Disposition Board Proceedings for Officers, WD AGO Form 8-118. a. Disposition Board Proceedings for Officers, WD AGO Form 8-118, is designed to provide concise, necessary information when the report of a medical disposition board is required.

LETTER OF TRANSMITTAL OF RECORDS FOR AN
OFFICER CLASSIFIED PERMANENT LIMITED SERVICE
WHEN THE CASE IS REFERRED TO THE ADJUTANT GENERAL

ARMY SERVICE FORCES
Schick General Hospital
Clinton, Iowa

26 October 1945

SUBJECT: Request for Assignment for Major John M. Doe.

TO: The Adjutant General
Officers Branch
Washington 25, D. C.

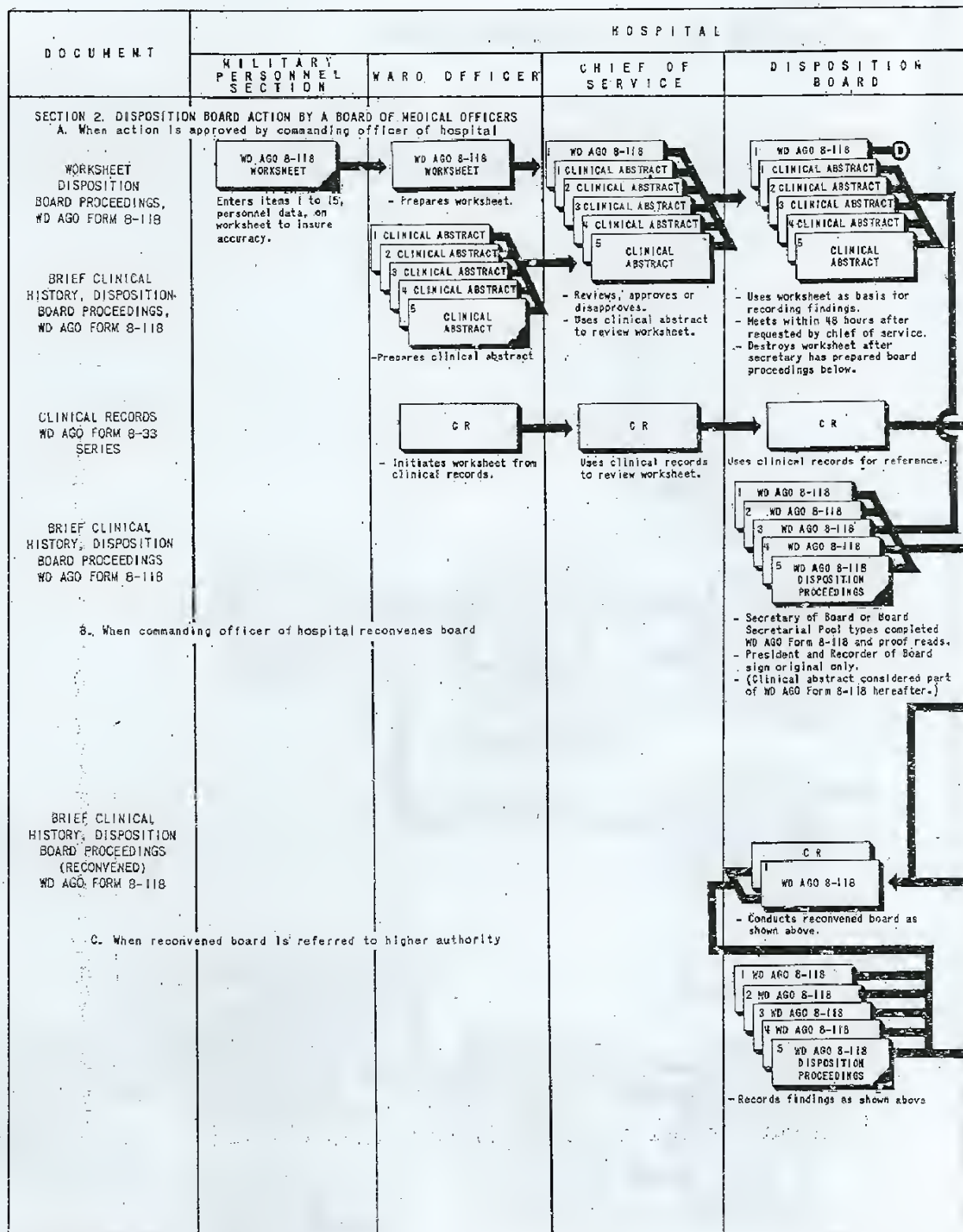
1. Transmitted herewith are WD AGO Form 8-118 and 66-1 for Major John M. Doe, recommended for permanent limited service. Request appropriate action under Circular 109, War Department, 1945.

2. Major John M. Doe is a battle casualty and does not desire to remain on active duty.

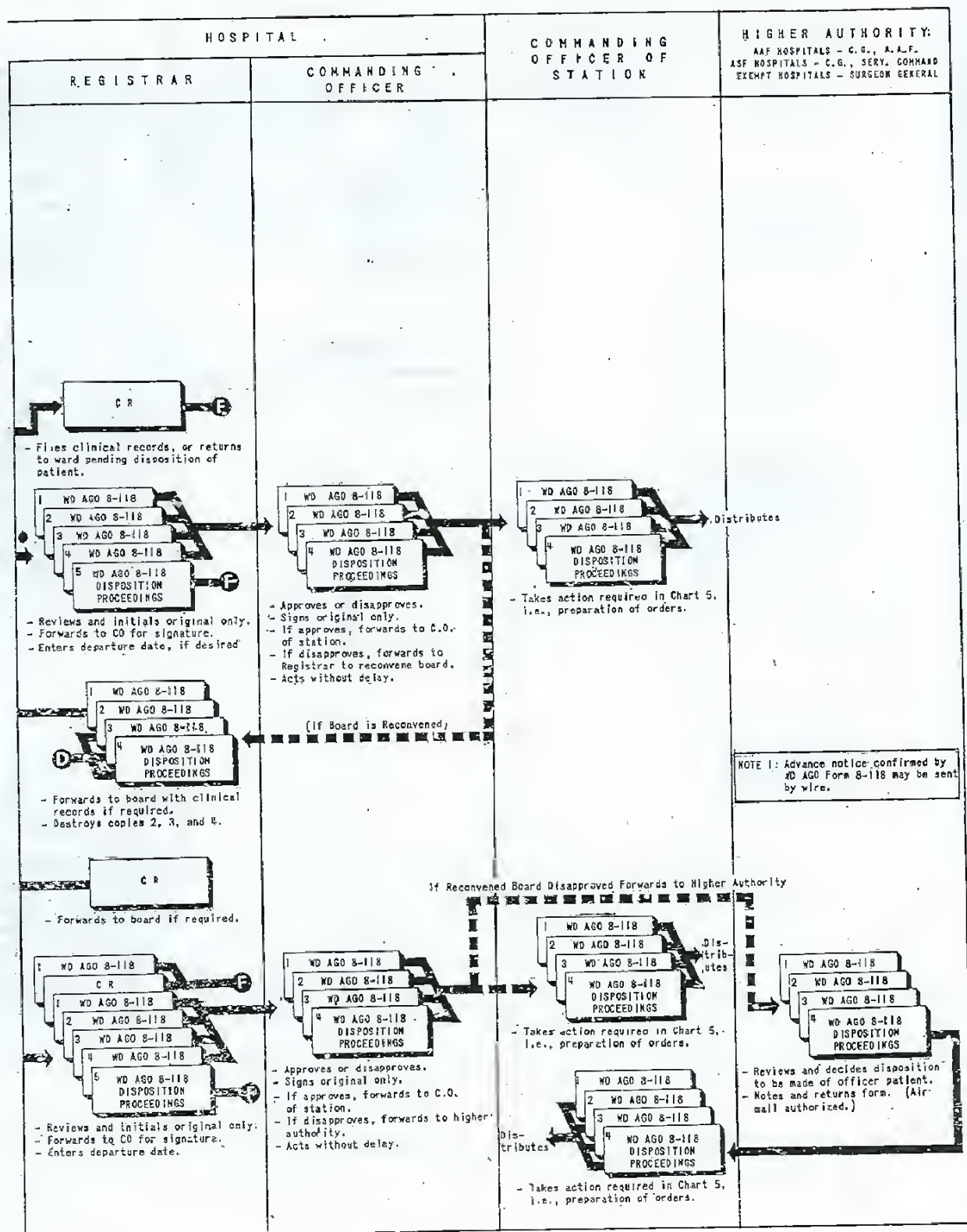
2 Incls.

John E. Dempster
JOHN E. DEMPSTER
1st Lt., AGO

PHYSICAL RECLASSIFICATION OF AN OFFICER



BY ACTION OF A DISPOSITION BOARD



RETURN TO DUTY ON PERMANENT

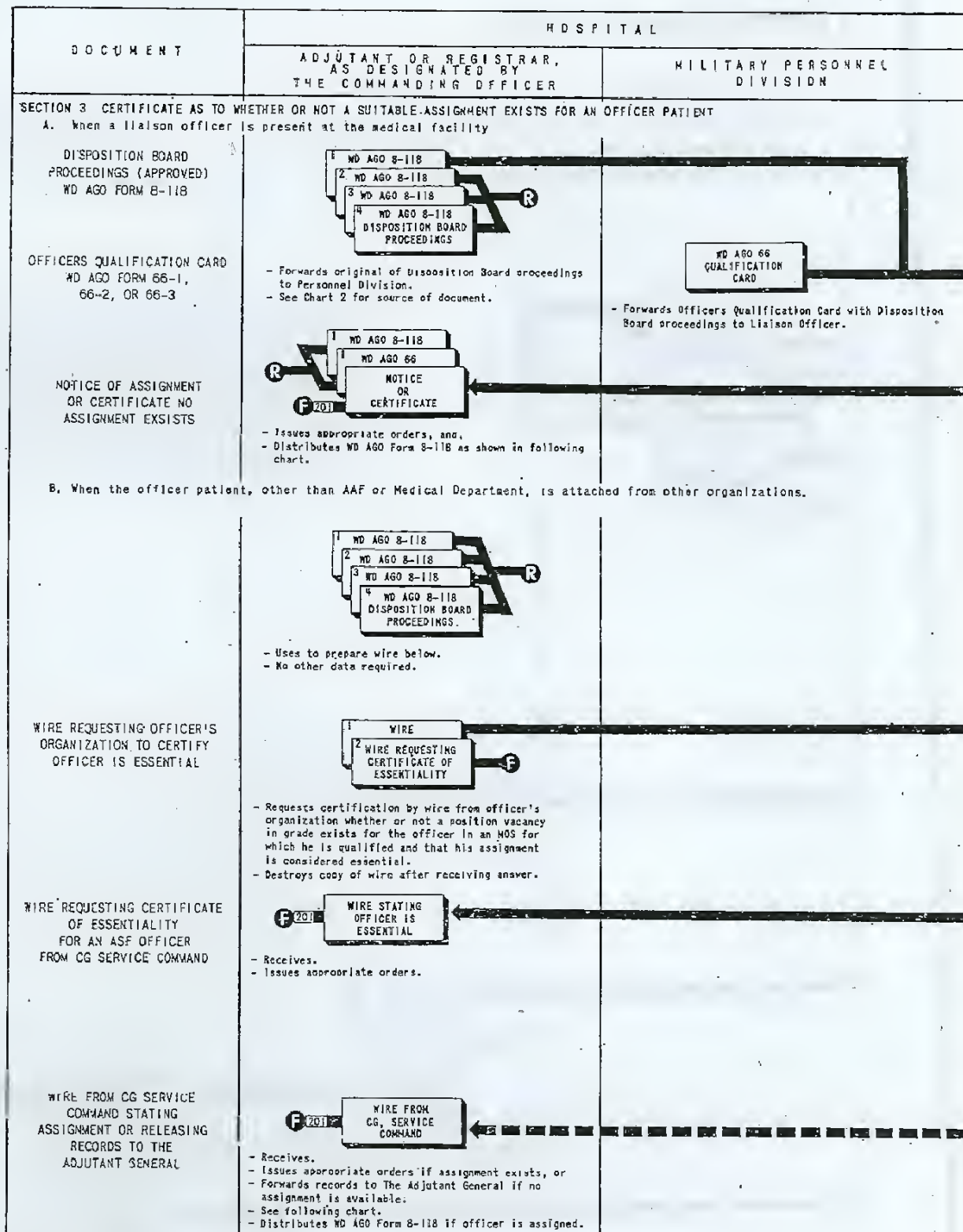
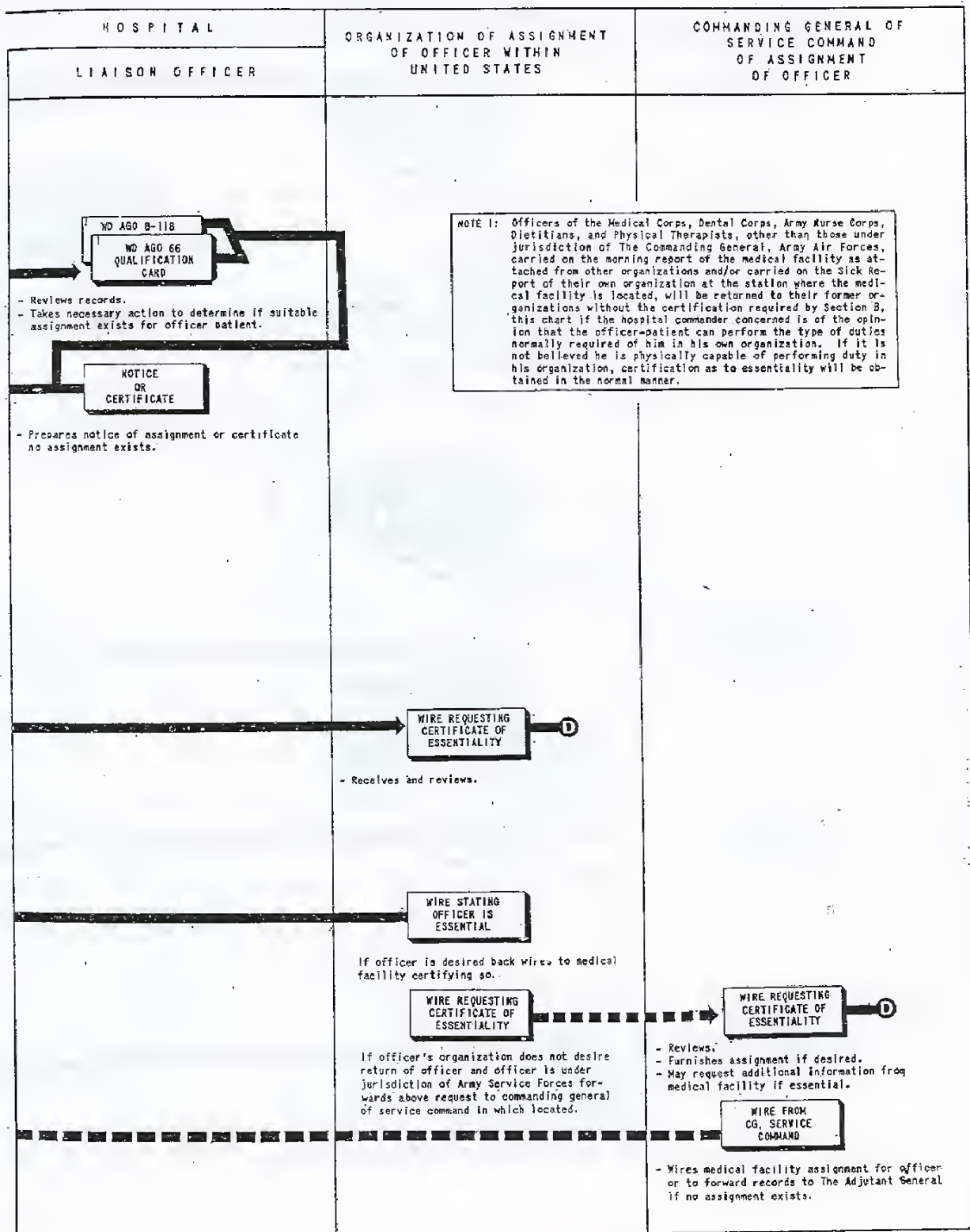


CHART 3

LIMITED SERVICE STATUS



RETURN TO DUTY ON PERMANENT LIMITED SERVICE STATUS

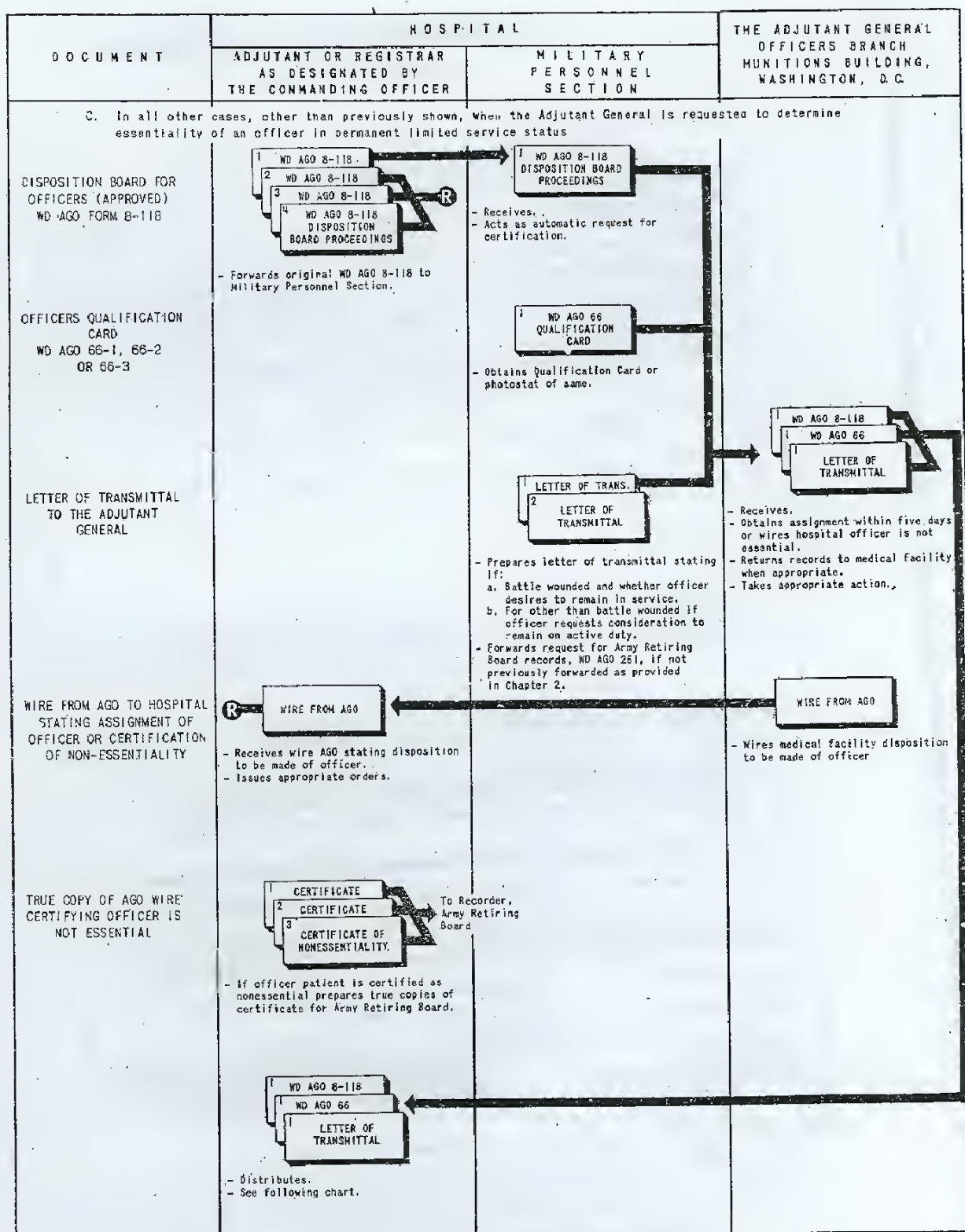


CHART 4

DISPOSITION BOARD PROCEEDINGS

WD AGO FORM 8-118

DISPOSITION BOARD PROCEEDINGS FOR OFFICERS

AR 48-526

1 NAME AND LOCATION OF HOSPITAL WHERE BOARD MET Schick General Hospital, Clinton, Iowa		2 DATE OF MEETING 17 Oct 45	
3 LAST NAME—FIRST NAME—MIDDLE INITIAL Doe, John M.		4 ARMY SERIAL NO. 0-456203	5 GRADE Major
6 UNIT ORGANIZATION (REGIMENT, SQUADRON, GROUP OR HANGAR) Camp Stoneman, California		7 ARM OR SERVICE INF	8 AGE IN YEARS 45
9 DATE ADMITTED 1 Sept 45		10 TRANSFERRED FROM (FACILITY) Direct casual from leave	
11 CIRCUMSTANCES UNDER WHICH ADMITTED TO HOSPITAL (CAUSE OF ADMISSION) Gastric distress, nausea, vomiting blood		12 DATE ENTERED ON ACTIVE DUTY IN COMMISSIONED STATUS AND WHETHER LIMITED OR GENERAL SERVICE 10 Mar 43 L/S duodenal ulcer.	
13 MILITARY OCCUPATIONAL SPECIALTY (TITLE) Battalion Executive		14 CURRENT EFFECTIVE AERONAUTICAL RATING (IF ANY) ---	15 ON FLYING STATUS PRIOR TO PRESENT PERIOD OF HOSPITALIZATION YES NO --- ---
16 AFTER CAREFUL CONSIDERATION OF CLINICAL RECORDS, LABORATORY FINDINGS, AND PHYSICAL EXAMINATION THE BOARD FINDS THE OFFICER TO HAVE THE FOLLOWING DIAGNOSIS, CONDITION UPON COMPLETION OF CASE AND LINE OF DUTY FINDINGS FOLLOWING EACH DIAGNOSIS. (LIST DIAGNOSES BY NUMBER, PARTS.)			
1. Ulcer, chronic, recurrent, peptic of duodenum without obstruction, cause undetermined. Improved - LOD - NO. EPTS			
2. Hemorrhage, mild, secondary to #1, 1 September 1945, Clinton, Iowa. (cured) LOD - Yes.			
3. Anxiety State, mild, secondary to #2, improved - LOD - Yes.			
17 DATE BECAME INCAPACITATED FOR MILITARY DUTY (ENTER ONE DATE) 1 Sept 1935	18 APPROXIMATE DATE OF ORIGIN OF EACH INCAPACITY (ENTER EACH DATE) (1) 1935 (2) (3) (4)	19 IS CAUSE OF INCAPACITY INCIDENT TO SERVICE YES NO No	20 EXISTED PRIOR TO ENTRY ON ACTIVE DUTY YES NO Yes
21 PERMANENTLY AGGRAVATED BY ACTIVE DUTY YES NO No		22 MAXIMUM HOSPITAL BENEFIT RECEIVED YES Yes	
23 DEGREE OF DISABILITY FOR MILITARY SERVICE (CHECK APPROPRIATE ITEMS) 24 TOTAL 25 PARTIAL 26 PERMANENT 27 TEMPORARY 28 NONE X X X X X		29 TYPE OF SERVICE RECOMMENDED (CHECK ONE) 30 GENERAL 31 PERMANENT LIMITED 32 TEMPORARY LIMITED 33 NONE X X X X	
34 STATE DISABILITY BRIEFLY IN NONTECHNICAL LANGUAGE Incapacitated because of recurrent active ulcer of the stomach, even when on permanent limited service and inability to subsist on Army rations.			
35 THE BOARD RECOMMENDS THAT: Major John M. Doe, Infantry, be ordered to appear before an Army Retiring Board.			
36 SIGNATURE OF BOARD MEMBER REQUIRED (PRESIDENT) James S. Quinn, Major MC		37 SIGNATURE OF BOARD MEMBER REQUIRED (MEMBER) George E. Brady, Capt. MC	
38 SIGNATURE OF BOARD MEMBER REQUIRED (MEMBER) Roy A. Lewis, Major, MC		39 DATE APPROVED 17 Oct 45	
40 SIGNATURE OF C. O. OF HOSPITAL John B. Scott, Colonel MC		41 SIGNATURE OF C. O. ON DUTY OF STATION ---	
42 SIGNATURE OF LIAISON OFFICER ---		43 SIGNATURE OF LIAISON OFFICER ---	
44 NAME AND GRADE OF LIAISON OFFICER (TYPE) ---		45 REMARKS ---	

Items 23 to 31 apply to patient's overall condition.

WD AGO Form 8-118

This form supersedes WD AGO Form 8-118, 1 October 1944, also 1 February 1945, which may be used until existing stocks are exhausted.

INSTRUCTIONS: Original and four copies to be prepared. Sign original only; Signature constitutes approval. Attach a brief Clinical Abstract on 8 x 10 1/2 inch white paper. If possible, indicate any known defects upon entry on duty on a commissioned status for which a waiver was granted. Enclosed only if Commanding Officer of Hospital is not authorized to issue orders. For Administrative purposes.

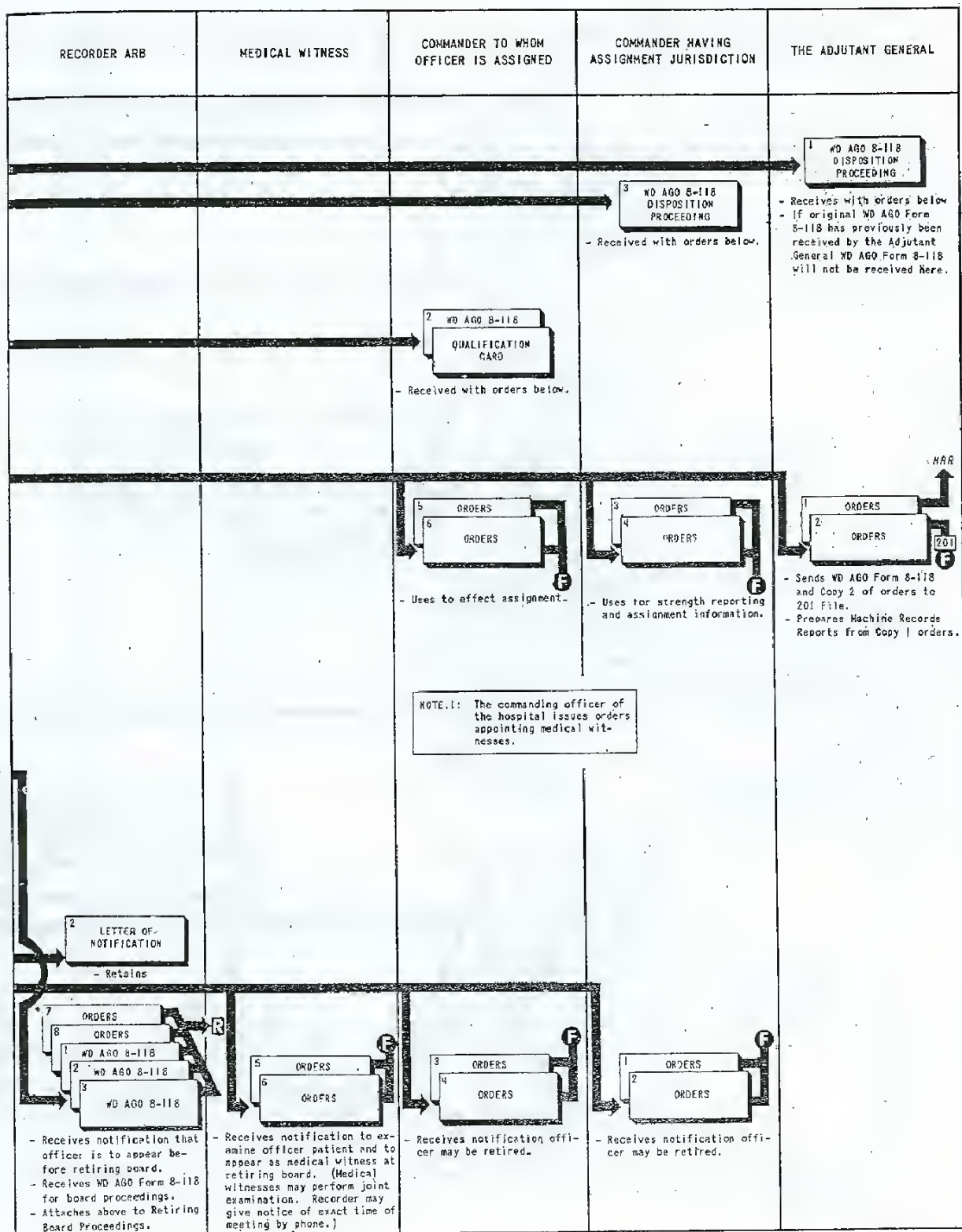
* U. S. GOVERNMENT PRINTING OFFICE 16-48648-1

NOTE: On the first revision of WD AGO Form 8-118 the wording of Items 17, 18, and 19 will be made identical to the wording of the similar items on WD AGO Forms 199 and 199-1. Until receipt of the new form 8-118 use this form as shown above.

DOCUMENT	COMMANDING OFFICER OF STATION	REGISTRAR	OFFICER PATIENT	PRESIDENT ARB
SECTION 4. ISSUANCE OF ORDERS FOR DISPOSITION OF AN OFFICER SUBSEQUENT TO APPEARANCE BEFORE A MEDICAL DISPOSITION BOARD				
A. Ordering an officer to return to duty				
DISPOSITION BOARD PROCEEDINGS (APPROVED), WD AGO FORM 8-118	<p>1 WD AGO 8-118 2 WD AGO 8-118 3 WD AGO 8-118 4 WD AGO 8-118 DISPOSITION PROCEEDINGS</p> <p>- Prepared in Chart 2 - Mails to commanding officer to whom officer is assigned with 66 card.</p> <p>QUALIFICATION CARD</p> <p>Removes from file.</p>			
OFFICERS QUALIFICATION CARD, WD AGO FORM 56-1, 2 OR 3				
ORDERS RETURNING AN OFFICER TO DUTY	<p>1 ORDERS 2 ORDERS 3 ORDERS 4 ORDERS 5 ORDERS 6 ORDERS 7 ORDERS 8 ORDERS 9 ORDERS 10 ORDERS</p> <p>9 ORDERS</p> <p>Uses for information as to departure of patient.</p> <p>- Prepares necessary orders. - Distributes orders as shown. - If Part 1, WD AGO Form 8-118 and Qualification Card have been forwarded to TAG for assignment, Form 8-118 will not be forwarded here.</p>	<p>7 ORDERS</p> <p>Uses for information and travel voucher.</p>		
B. Ordering an officer to appear before an Army Retiring Board				
DISPOSITION BOARD PROCEEDINGS (APPROVED), WD AGO FORM 8-118	<p>1 WD AGO 8-118 2 WD AGO 8-118 3 WD AGO 8-118 4 WD AGO 8-118 DISPOSITION PROCEEDINGS</p> <p>Prepared in Chart 2.</p>		<p>1 LETTER 2 LETTER 3 LETTER LETTER OF NOTIFICATION</p> <p>- Prepares</p>	
LETTER OF NOTIFICATION TO OFFICER PATIENT				
ORDERS. FOR AN OFFICER TO APPEAR BEFORE A RETIRING BOARD	<p>1 ORDERS 2 ORDERS 3 ORDERS 4 ORDERS 5 ORDERS 6 ORDERS 7 ORDERS 8 ORDERS 9 ORDERS 10 ORDERS 11 ORDERS 12 ORDERS 13 ORDERS</p> <p>17 ORDERS</p> <p>Uses for information as to time officer will appear before retiring board.</p> <p>- Prepares orders designating counsel and ordering officer patient to appear before retiring board.</p>	<p>10 ORDERS</p> <p>- Receives orders to appear before retiring board at a specified time and place.</p>	<p>9 ORDERS</p> <p>- Receives notification that officer is to appear before retiring board.</p>	

CHART 5

QUALIFICATION CARD, AND ISSUANCE OF ORDERS



DISPOSITION OF AN OFFICER PATIENT

OFFICER ORDERED TO HOSPITAL FOR PHYSICAL REEVALUATION OR IN HOSPITAL ON PATIENT STATUS	RETURN TO DUTY	RELIEVED FROM ACTIVE DUTY	REMAIN ON PATIENT STATUS
AFTER APPEARING BEFORE DISPOSITION BOARD			
1. FIT FOR GENERAL OR TEMPORARY LIMITED SERVICE			
a. General service with or without minimal waiver			
b. Temporary limited service to report at specified future date for physical reevaluation			
c. Temporary limited service to revert to general service at a specified date without physical reevaluation			
d. General or temporary limited service returned from overseas on permanent change of station under PRI, and hospitalized while on leave, will revert to leave status and --			
e. General service and under orders for separation			
2. FIT FOR PERMANENT LIMITED SERVICE - CERTIFICATION AS TO ESSENTIALITY SECURED AT THIS POINT			
a. If officer states he desires to remain on active duty and is certified as essential			
b. If officer states he does not desire to remain on active duty - or is not certified as essential			
3. FIT FOR PERMANENT LIMITED SERVICE STATUS, AND THE OFFICER WAS RETURNED FROM OVERSEA ON PERMANENT CHANGE OF STATION UNDER PRI, AND HOSPITALIZED WHILE ON LEAVE			
a. If certified as essential			
b. If not certified as essential			
4. UNDER ORDERS FOR SEPARATION FROM ACTIVE SERVICE, AND			
a. Was originally accepted for limited service duty at the present time, and has been found fit for limited service duty at the present time, and his present incapability is identical to the one with which he originally entered on active duty, and there is no evidence to indicate that the incapability has been aggravated in the active military service.			
b. Fit for general service duty. (Orders for separation preclude probability of assignment.)			
5. SHOULD BE ORDERED BEFORE AN ARMY RETIRING BOARD OR ARMY NURSE CORPS RETIRING BOARD			
*See righthand page.			
AFTER APPEARING BEFORE AN ARMY RETIRING BOARD OR ARMY NURSE CORPS RETIRING BOARD			
6. THE BOARD FINDS:			
a. Fit for general service or recommended for temporary limited service			
(1) ASF & AGF Officers: Remain on patient status pending final action by the War Department on Army Retiring Board proceedings			
(2) AAF Officers: Ordered to duty station in accordance with instructions of CG, AAF pending final action by the War Department on Army Retiring Board proceedings			
b. Fit for permanent limited service after disposition board has previously recommended permanent limited service and the officer has been certified as nonessential			
c. Fit for permanent limited service only after disposition board has previously recommended retirement			
(1) ASF & AGF Officers: "Atchd fr other Orgns" or carried on sick report of own organization if return of officer is desired.			
(2) ASF & AGF Officers: "Atchd fr other Orgns" or carried on sick report of own organization if return is not desired			
(3) ASF & AGF Officers: "Atchd Unasgd": Remain on patient status pending action by War Department on Army Retiring Board Proceedings			
(4) AAF Officers: CG AAF certifies as to essentiality at time Army Retiring Board proceedings go through Hq AAF to the War Department at which time appropriate disposition is directed			
(5) All cases not covered by (1), (2), (3), or (4) above			
d. Incapacitated for any further military duty			
(1) An officer whose physical condition requires will remain a patient in the hospital until transfer to Veterans Administration facility can be effected			
(2) Transferred to Veterans Administration facility when appropriate, and relieved from active duty upon arrival thereat			
(3) An officer of Regular Army, Army Nurse Corps, Dietitian, Physical Therapist, will remain on patient status pending issuance of orders by The Adjutant General			
(4) Other than d (1), (2), (3) above, an officer is ordered on terminal leave, assigned and processed in accordance with current War Department directives			
a. Officers under orders for separation			
(1) Fit for general service			
(2) Found physically incapacitated by retiring board.			
(3) In rare instances where it is determined to be to the best interest of the service and/or officer, the officer patient may be recommended for retention in the service on a temporary limited service status			

TABLE 2.

VETERANS ADMINISTRATION FACILITY	TO REPORT TO REDISTRIBUTION STATION	RETURNED TO FORMER ORGANIZATION	REPORT TO SEPARATION CENTER	ORDERED TO DUTY STATION IN ACCORDANCE WITH DIRECTIVES ISSUED BY CG AAF	ORDERED BEFORE ARMY RETIRING BOARD	SHOULD BE ORDERED BEFORE AN ARMY RETIRING BOARD OR AN ARMY NURSE CORPS RETIRING BOARD.
						a. Recommendation of disposition board for officer to appear before an Army Retiring Board. Such recommendation will be made when the medical disposition board determines that one of the following circumstances exists:
						b. An officer currently in a general service status is considered permanently physically incapacitated for all military service.
						c. An officer currently in a general service status is considered physically incapacitated for general service but physically qualified for permanent limited service.
						(1) If he states that he does not desire to remain on active duty in a permanent limited service status, or
						(2) If he states he desires to remain on active duty in a permanent limited service status but his services have been certified as not essential.
						d. An officer currently in a temporary or permanent limited service status is found to be --
						(1) Permanently physically incapacitated for any military service, or
						(2) Physically qualified for permanent limited service but whose services have been certified as not essential under provisions of this manual and the provisions of g (1), (2), or (3) below apply.
						e. An officer, regardless of his previous physical classification, who is eligible for separation from the service under any current policy and is qualified for temporary limited service only and who desires to be relieved from active duty. In any such case the individual must appear before a disposition board for physical evaluation or reevaluation within the 30 day period immediately preceding appearance before the Army retiring board.
						f. An officer about to be relieved from active duty and already in a retired status by reason of a physical disability is found to have aggravated, while serving under temporary appointment in a higher grade, the physical defect for which he was previously retired or to have incurred an additional physical disability.
						g. An officer about to be relieved from active service and already in a retired status for reason other than physical disability is found to have a physical defect which is permanently incapacitating for active military service.
						h. An officer currently in a permanent limited service status and about to be separated from active service is found to have --
						(1) A defect for which he was previously classified as limited service and such defect has become aggravated, or
						(2) An additional defect which is permanently incapacitating, or
						(3) Been accepted for military service in a general service category.
						i. An officer about to be separated from active service alleges that he incurred or had aggravated in active military service a physical defect which is permanently incapacitating unless it is clear beyond a reasonable doubt that the allegation was groundless.
						j. An officer currently on general service status under orders for separation from active service who has appeared before a disposition board and it has been determined that he could perform permanent limited service duty. In this event a recommendation that the officer be returned to duty would obviously be inappropriate, therefore the officer concerned will be immediately ordered before the appropriate Army retiring board.

CLINICAL ABSTRACT.
INCLOSURE TO WD AGO FORM 8-118

CLINICAL ABSTRACT

Major John M. Doe, Infantry, O-456203, Unit Organization, Camp Stoneman, California. Source of Admission - direct casual from leave.

Previous Personal History: Usual childhood diseases. Appendectomy, Roosevelt Hospital, Chicago, Ill., 1929. Tonsillectomy 1932. In 1935, he first noted epigastric distress, a little nausea and vomiting between meals relieved by food and milk. A gastro-intestinal x-ray series showed a duodenal ulcer and he was hospitalized at the Roosevelt Hospital, Chicago, Ill., where it was found he was having tarry stools. On medication and a dietary regime, he showed improvement in a few weeks. In 1937, he had a recurrence of his symptoms, with tarry stools, which were controlled by diet. On physical examination for appointment in 1943, he claimed that on a modified diet he had been asymptomatic for five years. X-rays at the time of his examination for appointment in 1943, were reported negative for ulcer. He was appointed for limited service with a waiver for history of duodenal ulcer, and entered on active duty 10 March 1943.

History of Present Illness: This officer was allowed to go overseas in July 1943. While in England about April 1944, he had a mild recurrence of his stomach symptoms, but by watching his diet and taking alkalis for a few weeks, his symptoms disappeared. In November 1944, he began to notice weight loss, and epigastric distress at night. He again watched his diet, on an ambulatory regime until 8 December 1944, when he had a hemorrhage and vomited blood. He was admitted to the 14th General Hospital and after a few weeks, appeared before a disposition board, found incapacitated for active service and returned to the Zone of Interior. On arrival in the United States, he was admitted to the Halloran General Hospital, where the diagnosis of duodenal ulcer was confirmed by x-ray. He appeared before a disposition board and because of being asymptomatic and his request to be allowed to remain on duty, in May 1945, he was returned to duty on a permanent limited service status within the continental United States. After a time he noticed a recurrence of his symptoms with vomiting on several occasions. On 1 September 1945, while in Clinton on leave, he vomited blood and was admitted to the Schick General Hospital the same day.

Physical Examination on 1 September 1945 revealed a rather tense, anxious appearing individual who complained of pain in his stomach. He was nauseated and vomited "coffee ground" material. The examination was essentially negative except for the moderate epigastric tenderness. Blood pressure was 98/60. His reflexes were increased and he was very nervous, anxious and worried over the possibility of continuing to hemorrhage. Heart and lungs negative and there was no rigidity or spasm of the abdomen.

Laboratory Examination: RBC 4,400,000; WBC 10,000; Hemoglobin 86%. Emesis strongly positive for occult blood. Feces also positive for occult blood, for a few days after entering the hospital. Urinalysis negative. Barium studies of upper gastro-intestinal tract 15 September 1945, showed

CLINICAL ABSTRACT,
INCLOSURE TO WD AGO FORM 8-118

very slight deformity of the duodenum, with a tiny shallow crater in the upper portion of the bulb. A second gastro-intestinal series on 14 October 1945, showed a slight deformity of the duodenum but no evidence of any crater. A gastric analysis showed moderate hyperacidity. X-ray of chest negative.

Consultation: This officer was seen by the psychiatrist on a number of occasions, a diagnosis was made of anxiety state, mild, manifested by tenseness, worry, anxiety, undue concern over history of gastric hemorrhage, anorexia and insomnia. Internist made diagnosis of duodenal ulcer, chronic, recurrent, without obstruction.

Progress in Hospital: On admission given symptomatic treatment. Later started on modified Sippy diet to which the patient responded very favorably. He had no vomiting after the first few days. Alkalies, belladonna, phenobarbital and diet gave relief, and by the end of the fifth week his epigastric distress had disappeared and he was again asymptomatic. From then on, he was ambulatory and gradually began to gain weight.

b. Entries must be made in each section of this report, including negative entries, except those sections which are considered inappropriate to the particular case. Item numbers of the form will be completed according to the following instructions:

ITEM NO.

1. Name and location of hospital where board met. Entry in this space will include the official name of the medical facility and the post office address at which such facility is located.

2. Date of meetings. Entry in this space will include the date upon which the medical disposition board met and concluded findings in the case. If findings resulted from a series of meetings of the board, the date will be that of the final meetings. The date will not be made as of the date the board proceedings were typed for record purposes. If board is reconvened for reconsideration of former findings, a new form 8-118 should be made out and under item 2 should be typed "Board reconvened" and state date upon which the board met and concluded the findings in the case.

3. Last name - first name - middle initial. Entry under this space is self-explanatory. If there is no middle name or initial, no entry will be made under "middle name".

4. Army serial number. Army serial number will be blocked in groups of three digits from right to left, e.g., 0 000 000 (AR 345-1).

5. Grade. Current grade now held by officer-patient.

6. Arm or service. Entry in this space will include the arm or service in which the officer is commissioned or, in the case of branch immaterial officers, the arm or service to which first assigned. If serving in other than basic arm or service in parentheses; for example: AC (INF).

7. Age in years. Age will be entered in full years.

8. Unit organization. Entry in this space will include the unit and major command to which the individual is assigned or was assigned just prior to present period of hospitalization. If the officer is detailed in GSC, IGD, The Secretary of War's Office or other than AAF, AGF, or ASF, state so.

9. Date admitted. Entry in this space will include the date of admission to the medical facility conducting the medical disposition board proceedings.

10. Transferred from. Entry in this space will include the medical facility, such as dispensary, station, regional, convalescent, or general hospital from which the individual was transferred to the medical facility in which he is presently a patient.

11. Circumstances under which admitted to hospital. Entry in this space will include the circumstances under which the individual was admitted to the hospital. Appropriate entries in this space will be:

a. Admitted from command. (This will apply when the hospital acts as a station hospital for the organization of assignment of the individual.)

b. Admitted as casual from command. (This will apply when an individual is admitted to a hospital facility not the station hospital of his organization while on detached service or leave status.)

c. Admitted as a transfer from a named medical facility or from overseas.

d. State purpose of admission such as definitive treatment for: Chronic recurrent malaria, tuberculosis or specialized surgical care (for example, neurosurgery or chest surgery), or appearance before disposition board for consideration for physical reclassification, retirement, or determination of physical capacity for military duty.

12. Date entered on active duty in commissioned status and whether limited or general service. Enter the day, month, and year on which the officer entered on his present tour of active duty; for example: 10 Apr 42.

13. Military occupational specialty (Title). In this space will be entered the exact, current military occupational specialty of the individual. Inasmuch as a physical disability may necessitate a change in military occupational specialty, consideration must be given to a change of military occupational specialty prior to the recommendation of the medical disposition board for limited military service. (See TM 12-405 and 12-406 for military occupational titles and codes.)

14. Current effective aeronautical rating. (If any.) In this space will be included the currently effective aeronautical ratings held by the individual at the time of his hospitalization.

15. On flying status prior to present period of hospitalization. If a single aeronautical rating is held, entry will be made in the affirmative or negative. When multiple aeronautical ratings are held, an entry will be made for flying status of the individual for each rating. No entry need be made in this space unless the individual holds a currently effective aeronautical rating. Flying status as nonrated observer or flight surgeon is not pertinent to the medical disposition board proceedings.

16. After careful consideration of clinical records, laboratory findings and physical examination the board finds the officer to have the following diagnosis (es), condition upon completion of case, and line of duty findings following each diagnosis. In this space will be entered diagnoses or medical disabilities which are determined as a result of physical examination and hospitalization. Diagnoses will be itemized 1, 2, 3, 4, etc., in progressive order from the most important, from the standpoint of total incapacity, to the least important. Those diseases, defects, or infirmities which are considered to be incapacitating for military service will be prefixed by an asterisk. See AR 40-1025 for proper medical terms.

17. Date became incapacitated for military duty (Enter one date.) Enter in this space only one date - the date on which the individual became incapacitated for military service as a result of the diagnoses found.

Return to Army Medical Department
Room 1A522, Pentagon 39

18. Approximate date of origin of each incapacity. In this space will be entered the approximate date of origin of each incapacity, the entries corresponding to the numbered diagnoses in item 16.
19. Is cause of incapacity incident to service? Check here the appropriate column for each diagnosis as itemized in item 16.
20. Existed prior to entry on active duty. Check here the appropriate column for each diagnosis as itemized in item 16.
21. Permanently aggravated by active duty. Check here the appropriate column for each diagnosis as itemized in item 16. If entry here is not appropriate, place dashes (-) in both columns.
22. Maximum hospital benefit received. Check here the appropriate column for each diagnosis as itemized in item 16.
23. 24. 25. 26. 27. Degree of disability for military service. This refers to degree of disability of the patient for military service. Check here the appropriate entry as determined by the judgment of the board as to the degree of disability for military service of the individual.
28. 29. 30. 31. Type of service recommended. This refers to type of service recommended for the patient. Check here the physical classification in which the officer is placed as determined by the judgment of the medical disposition board.
32. Qualified for overseas. Check yes, if qualified; check no, if not qualified.
33. State disability. State disability in brief sentence to be readily interpreted for entry on the Officer's Qualification Card.
34. The board recommends that: Entries in this space will include one of the following, further qualified if deemed appropriate:
- a. The board recommends that: Major John M. Doe, formerly classified as qualified for full military duty, be returned to full military duty.
 - b. The board recommends that: Major John M. Doe, formerly classified as qualified for full military duty, be returned to duty in a temporary limited service status for a period of _____ months (number of months not to exceed 6 months), to automatically revert to full military duty status at the expiration of this period.
 - c. The board recommends that: Major John M. Doe, formerly classified as qualified for full military duty, be returned to duty in a permanent limited service status confined to the continental United States.
 - d. The board recommends that: Major John M. Doe, formerly classified as qualified for full military duty, be returned to duty in a temporary limited service status for a period of _____ months (number of months not to exceed 6 months at any one time), at the expiration of which period he will be returned

to an appropriate medical facility for reconsideration of his physical capacity for military duty.

e. The board recommends that: Major John M. Doe, formerly classified in a (state if temporary or permanent) limited service status, be reclassified to full military duty.

f. The board recommends that: Major John M. Doe, formerly classified in a (state if temporary or permanent) limited service status, be returned to duty in a (state if temporary or permanent) limited service (if temporary, not to exceed 6 months at any one time) status.

g. The board recommends that: Major John M. Doe, formerly classified in a (state if temporary or permanent) limited service status, be returned to duty in a permanent limited service status, and that this duty be limited to continental United States.

h. The board recommends that: Major John M. Doe, formerly classified in a (state if temporary or permanent) limited service status, be returned to duty in a limited service status, for a period of 6 months, at the expiration of which period he will be returned to an appropriate medical facility for reconsideration of his physical capacity for military duty.

i. The board recommends that: Major John M. Doe, be ordered to appear before an Army retiring board.

j. The board recommends that: Major John M. Doe be transferred to _____ Hospital for further study to determine the appropriateness of recommending his appearance before an Army retiring board.

k. The board recommends that: Major John M. Doe be given sick leave of _____ number of days.

l. The board recommends that: Major John M. Doe be retained in this hospital for further treatment, or observation, or further tests or rehabilitation.

35. Signature of board member required (president). Entry in this space will usually include the signature of the senior medical officer of the board.

36. Signature of board member required (recorder). Entry in this space will usually include the signature of the junior medical officer of the board.

37. Signature of third member (not required).

38. Position vacancy exists. If a position vacancy exists, type "yes" in yes square; if it does not exist, type "no" in the no square. No entry will be made in this space when the officer is determined by the medical disposition board to be fit for general military service or when the officer is found to be permanently incapacitated for all military service. When the officer is found to be physically fit for permanent limited military service only, entries must be made in this space as to whether a position vacancy in grade exists for the officer in a military occupational specialty which the medical disposition board believes the officer is capable of performing. The abbreviation for AAF, AGF,

or ASF will be typed in after the words "liaison officer" to indicate the major component the officer represents.

39. Date approved and signature of CO of hospital. Self-explanatory; signature original only.

40. Date approved and signature of CO, or Deputy of Station. For use at hospitals other than general hospitals where the commanding officer of the station has not delegated the authority for approval of Disposition Board Proceedings for Officers to the commanding officer of the hospital.

41. Date of departure. Used for memo entry within the hospital for determination of date of departure of the officer patient, for such purposes as writing orders or other administrative purposes, if desired.

42. Remarks: Provided for entries as transfer to VAF, or other brief pertinent data for administrative purposes, if desired.

43. A brief clinical abstract of all pertinent data will be completed on one sheet of blank white paper 8 by 10½ inches to be attached to each WD AGO Form 8-118 prepared. This brief clinical abstract will be hereafter considered a part of Form 8-118.

CERTIFICATION OF NONESSENTIALITY

24 OCT 1945

CO SCHICK GH
CLINTON, IOWA

UNDER PAR FIVE COMA B COMA PAREN THREE PAREN B PAREN 2 CIRC ONE ZERO
NINE WD CS MAJOR JOHN M DOE IS NOT REPEAT NOT ESSENTIAL TO WD.

WITSELL

I certify this to be a
true copy.

John M Ford
JOHN M. FORD
1st Lt, MAC

NOTE: When certification as to essentiality is completed, on WD AGO Form 8-118,
the above certification is not required.

SPECIAL ORDERS FOR RETURN TO DUTY; ENTRY REQUIRED ON OFFICER'S QUALIFICATION CARD

RESTRICTED

ARMY SERVICE FORCES
HEADQUARTERS SCHICK GENERAL HOSPITAL
Clinton, Iowa

SPECIAL ORDERS
NUMBER 304

EXTRACT

1 Nov 45

6. 2ND LT RICHARD ROE O 456 789 Inf is reld fr atchd unasgd this Eq and WP w/o delay Ft Knox Ky rptng 3 Nov 45 to CG for asgmt and dy. This off classified perm limited sy not qualified for overseas dy. Physical cond will permit a minimum of walking for routine office work but will not permit drill. EDCMR 3 Nov 45. PCS TPA TDN 501-31 P 431-02 A 212/50425. Auth CG AGF per TWX 20 Oct 45.

BY ORDER OF COLONEL WINN:

OFFICIAL:

/s/ Earle A Paxson
EARLE A PAXSON
Captain, MAC
Adjutant

EARLE A PAXSON
Captain, MAC
Adjutant

THIS IS A SPECIMEN ORDER FOR ILLUSTRATION
PURPOSES ONLY AND IS NOT CLASSIFIED

DISTRIBUTION:

2 CG AGF
2 TAG
2 CG Ft Knox
2 Lt Roe
1 Registrar
1 File

NOTE If the officer has returned to the hospital from overseas without receiving leave he will be granted a leave in accordance with current directives before being returned to duty.

21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0
NAME										UNIT											
O 456 203										Inf											
AUS										6											
170										1 Jan 1900											
Amputation 2 toes and Asthma										Disp Brd											
PHYSICAL Schick GH 26										OCCASION IN GRADE											
REMARKS										REMARKS											

★ **PART II** ★

The Army Retiring Board.

CHAPTER 4

LEGAL BACKGROUND FOR RETIRING BOARDS

SECTION 1.--GENERAL

18. Introduction. a. Retiring boards are created pursuant to statutory requirements to perform a function which constitutes a part of the course of administrative action required to give effect to the various statutes providing retirement benefits to certain disabled military personnel. It is their function to inquire into the physical and mental capability to perform active service of the officers appearing before them, and whether a permanent incapacity, if found, is the result of an incident of service.

b. Army retiring boards are charged with making an initial determination whether commissioned officers and warrant officers of the Regular Army should be retired for disability or wholly retired, and whether commissioned officers, warrant officers and flight officers, who are not officers of the Regular Army, should be certified to the Veterans Administration as entitled to receive retirement pay. A specially constituted board composed exclusively of medical officers initially determines whether members of the Army Nurse Corps, nurses holding appointments as officers in the Army of the United States, dual status nurses, and dietitians and physical therapists who hold appointments as officers in the Army of the United States, should be retired. This manual does not pertain to the non-statutory boards required by Army Regulations in disability cases involving enlisted personnel.

c. Although a retiring board follows the same procedure regardless of the status of the individual who appears before it, the legal effect of its approved findings is dependent upon such status. Thus an officer of the Regular Army who is retired pursuant to the approval of appropriate retiring board findings continues to be an officer of the Regular Army, although on the retired list, and is subject to military law. He receives retired pay. The approval of appropriate findings in the case of an officer who is not an officer of the Regular Army would enable him to receive retirement pay but neither this fact nor his inclusion on the Officers Honorary Retired List would make the individual concerned a permanent member of the Army of the United States nor warrant his being regarded as a retired officer as that term is understood in military parlance as being referable only to retired officers of the Regular Army.

d. WD AGO Form 199 has been provided as a convenient method of recording findings in a form sufficient to meet statutory requirements. However, its proper use requires an understanding of the import of the answers to questions therein required to be answered. This part of the manual has been designed to provide background information to permit boards to make accurate responses.

19. Composition of retiring boards. a. Section 1246, Revised Statutes, provides that an Army retiring board shall consist of "not more than nine nor less than five officers, two-fifths of whom shall be selected from the Medical Corps", and that, except for members selected from the Medical Corps, such board "shall be composed, as far as may be, of seniors in rank to the officer whose disability is inquired of".

b. Although the requirements of section 1246 relating to the composition of the board, both as to the maximum and minimum number of officers and as to the ratio between officers of the Medical Corps and other officers, apply when the board is sitting in connection with a particular case, there is no legal objection to an order appointing more than nine members to a board or additional members to a board which already has nine members, and the proportion of Medical Corps members appointed may be greater or less than two-fifths of the total number of members appointed. Retired officers recalled to active duty are eligible for appointment on an Army retiring board. Warrant officers are not eligible for such appointments. As the requirement that the non-medical members of an Army retiring board be senior in rank to the officer appearing before the board is directory rather than mandatory, a failure to comply with that provision of section 1246, Revised Statutes, does not invalidate action taken by the board.

c. When an Army retiring board sitting in connection with a particular case consists of five or six members, two will be medical officers; when it consists of seven or eight members, three will be medical officers; when it consists of nine members, four will be medical officers. An authorization to the president of an Army retiring board to excuse members of the board, including officers of the Medical Corps, in order to establish a properly constituted quorum as required by section 1246, Revised Statutes, or for other reasons, provided a properly constituted quorum of the board is present or available in the absence of such excused members, is legally unobjectionable, and such an authorization is given by Army Regulations 605-250.

d. As action taken by an illegally constituted board is void, as soon as it is discovered that for any reason such board is not legally constituted, the president should suspend proceedings and forthwith report, or direct the recorder to report, such fact to the appointing authority, setting forth the reasons.

e. Retirement of members of the Army Nurse Corps, nurses holding appointments as officers in the Army of the United States, dual status nurses, and dietitians and physical therapists holding appointments in the Army of the United States under the act of 20 June 1930 (46 Stat. 790), as amended by the act of 17 October 1940 (54 Stat. 1192; 10 U.S.C. 937), and section 3 of the act of 22 June 1944 (58 Stat. 325; 50 U.S.C. App., Sup. IV, 1593), requires findings to be made by "a board of medical officers". Such boards must be composed exclusively of medical officers. Army Regulations 40-20 require that such boards, which are called Army Nurse Corps retiring boards, consist of not more than five nor less than three medical officers, and that the recorders of Army Nurse Corps retiring boards be medical officers.

20. Hearing. a. Section 1248, Revised Statutes (10 U.S.C. 963), confers upon Army retiring boards "such powers of a court-martial and of a court of inquiry as may be necessary" to enable them to inquire into and initially determine the pertinent facts in the cases referred to them. They have the power to summon witnesses, place them under oath, and maintain order in the proceedings. However, they are not required to employ the form of procedure of a court-martial.

b. Section 1253, Revised Statutes (10 U.S.C. 966), provides in substance that, in cases involving physical incapacity "no officer shall be retired from active service, nor shall an officer, in any case, be wholly retired from the service, without a full and fair hearing before an Army retiring board, if, upon due summons, he demands it". This provision affords the officer concerned the protection of a full and fair hearing if retirement proceedings are instituted. However, if such an officer after being duly summoned before a retiring board fails to appear, he thereby waives his right to be present and cannot properly take exception to the conclusions arrived at simply by reason of his absence. No retiring board will proceed in the absence of the officer concerned unless he has expressly waived in writing his right to be present or has failed to appear after being duly notified.

c. Section 1247, Revised Statutes (10 U.S.C. 962), requires that members of retiring boards "shall be sworn in every case to discharge their duties honestly and impartially". Each case referred to a retiring board will be considered separately, and the findings of the board must be based solely upon the evidence before it and the applicable presumptions. Only matters properly before the board as a whole may be considered. A member should not, for instance, be influenced by any knowledge of the officer before the board not based on the evidence before the board; or by any opinions not properly in evidence; or by motives of prejudice, partiality, favor, or affection.

d. The statutory right to a full and fair hearing includes the right to a hearing by an impartial board, and thus the right to challenge members for cause. In order to insure that in every case a full and fair hearing is accorded the officer concerned, retiring boards will grant continuances where the circumstances require such action and will not proceed with a hearing unless the officer concerned has been given proper notice thereof and an adequate opportunity to prepare his case. The officer before the board or his counsel will be given ample opportunity to introduce evidence, examine and cross-examine witnesses and support his contentions by oral or written argument. Only such evidence as is introduced at the hearing will be considered by the board in making its findings. Every retiring board will so schedule its hearings as to allow sufficient time for the submission of all available pertinent evidence, such arguments as may be desired and a full consideration of the law and the facts prior to making its findings. Before voting on the findings the board members, in closed session, will express their views. So that no member's opinion will be influenced by superiority in rank, or by other considerations, members will express their views in inverse order of rank beginning with the junior member.

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e. The procedural provisions of Army regulations to be applied in the conduct of the hearing are those in effect at the time of the hearing and not those in effect at the time of the commencement of the alleged incapacity.

21. Waiver of benefits. a. The execution by an individual, prior to entry upon active military service, of a purported waiver or release of the statutory retirement benefits for disability arising out of service-connected disabilities or permanent aggravations to pre-existing physical defects is of no legal effect upon his right to receive such benefits.

b. Section 105 of the Servicemen's Readjustment Act of 1944 (act 22 Jun 1944, 58 Stat. 285; 38 U.S.C., Sup. IV, 693e) provides:

"No person in the armed forces shall be required to sign a statement of any nature relating to the origin, incurrence, or aggravation of any disease or injury he may have, and any such statement against his own interest signed at any time, shall be null and void and of no force and effect."

22. Evidence considered. a. Although the findings of retiring boards must be based solely upon the evidence before them and the applicable presumptions, no rules of evidence are prescribed by statute and such boards are not strictly bound by the rules of evidence obtaining in judicial proceedings. Retiring boards will in general apply the rules of evidence governing courts-martial but have the discretionary authority to relax those rules subject to constitutional and statutory restrictions. Retiring boards may lawfully receive in evidence, and consider, official reports and documents that would perhaps be inadmissible as hearsay in a trial by court-martial. Official reports and unsworn documents, even when they are of the kind legally admissible in evidence before a court-martial, are not conclusive of the facts contained therein and constitute only prima facie evidence. This means that although such reports and documents may properly be considered by the board, the board must decide what weight is to be given to them as evidence (that is, how much attention is to be paid to them) in making its findings. If contrary evidence is introduced or a presumption to the contrary exists, then the evidence on the one side must be weighed against the evidence or the presumption (or both) on the other side, in order that proper findings may be made. Credibility (worthiness of being believed) is a very important factor which must be considered in weighing all elements or items of the evidence, both written and oral; thus, several elements or items of evidence on one side, if of poor credibility, may be outweighed by a single element or item of evidence on the other side, if it is worthy of a higher degree of credibility, or by a presumption to the contrary.

b. The "fair hearing" contemplated by section 1253, Revised Statutes (10 U.S.C. 966), requires the independent judgment of the retiring board and this requirement is not met by such board adopting without question the findings, opinions or determinations of hospital disposition boards, medical witnesses, The Surgeon General, or the War Department with respect to medical questions and line of duty status. However, such findings, opinions and determinations are evidence of value and entitled to serious consideration.

c. No legal error is committed in permitting a medical witness to consider unsworn statements in making a diagnosis where the officer concerned has the opportunity to introduce testimony in rebuttal and to examine the witness under oath if he so desires. However, the testimony of a witness as to the medical opinions entertained by a physician is hearsay and legally incompetent unless no objection is made.

23. Nature of permanent incapacity for active service. a. The entitlement of eligible military personnel to retirement benefits for disability must be predicated in part upon a finding by a retiring board that a disability exists within the meaning of the various statutes concerned. Thus in cases involving officers and warrant officers of the Regular Army the retiring board must initially determine the existence of "incapacity for active service" within the meaning of sections 1251 and 1252, Revised Statutes (10 U.S.C. 933-4). In cases involving officers, warrant officers and flight officers who are not officers of the Regular Army the retiring board must decide whether such individuals have incurred a "disability" within the meaning of section 5 of the act of 3 April 1939 (53 Stat. 557), as amended (10 U.S.C., Sup. IV, 456), that is, a permanent incapacity for active service. In cases involving members of the Army Nurse Corps, nurses holding appointments as officers in the Army of the United States, dual status nurses, and dietitians and physical therapists who hold appointments in the Army of the United States, the retiring board must decide whether such individuals are "disabled * * * from performing the duties of a nurse", that is, are permanently incapacitated for active service. If the board finds that disability exists within the meaning of the appropriate statutory phrase it will make a finding that the officer before the board is "permanently incapacitated for active service" and enter such finding in Item 23 of WD AGO Form 199.

b. The word "disability" as used in section 5 of the act of 3 April 1939, as amended, with respect to retirement pay benefits means such disability as would constitute a basis for the retirement of Regular Army Officer personnel. Thus, what constitutes "incapacity for active service" for Regular Army officers likewise constitutes "disability" for officers who are not Regular Army officers.

c. The question whether an officer of the Regular Army is incapacitated for active service is one of fact. An officer is incapacitated for active service when he is permanently physically or mentally incapable of performing full military duty, field as well as garrison, in both peace and war. The fact that an officer may be capable of performing limited military service with the supply arms and services does not prevent his retirement under section 1251, Revised Statutes, supra, by reason of being permanently incapacitated for active service.

d. Incapacity for active service is a permanent condition, resulting from an incurable disease, injury or infirmity of such a character as to prevent the reasonable fulfillment of the officer's employment. Such employment embraces the duties of his office in peace and war which are imposed by law, regulation, orders, or custom of the service. The physical disability, on account of which the board is authorized to find an officer incapable of

performing the duties of his office must be permanent; that is, such that the removal of the disability within a reasonable time is highly improbable. If the disease, injury or infirmity is curable within even a considerable time the disability is not permanent. However, if the disease, injury or infirmity is incurable within a reasonable time the board should find the officer permanently incapacitated (see par. 60a).

e. An officer who was placed in the administrative status of permanent limited service when he entered on active duty, is eligible for retirement benefits for disability if he thereafter sustains as an incident of his service a permanent disability as the result of a new disease, injury or infirmity of such a degree as would be of itself incapacitating for active service.

5/pt f. An officer who was placed in the administrative status of permanent limited service when he entered on active duty is eligible for retirement benefits for disability if he thereafter sustains, as an incident of his service, permanent additional disability as the result of the aggravation of his pre-existing disease, injury or infirmity; however, no such entitlement may be predicated upon additional disability resulting from the natural progress of his existing disease, injury or infirmity in the absence of a permanent service connected aggravation.

g. Officers who were placed in the administrative status of permanent limited service subsequent to their entry on active duty because of a disability which the retiring board determines was not an incident of service are eligible, by reason of permanent aggravation or new disability which in itself is permanently incapacitating for active service, for retirement benefits under the same circumstances as officers who were placed in such status upon entry on active duty.

h. The administration of the act of 29 June 1943 (57 Stat. 249, 10 U.S.C., Sup. IV, 985-985h) requires that some one date be fixed by an Army retiring board as the date when permanent incapacity to perform active service occurred. This date, which is the date the officer concerned became incapacitated for active service will be entered in Item 26, WD AGO Form 199.

24. Nature of incident of service. a. The entitlement of eligible military personnel to retirement benefits for disability may not be predicated upon a mere affirmative answer to Item 23 of WD AGO Form 199 with respect to the existence of a permanent incapacity for active service. In cases involving officers and warrant officers of the Regular Army the retiring board must also determine whether such incapacity is the result of an "incident of service" within the meaning of sections 1251 and 1252, Revised Statutes (10 U.S.C. 933-4). In cases involving officers, warrant officers and flight officers who are not officers of the Regular Army the retiring board must decide whether such officers were disabled "in line of duty * * * while so employed" within the meaning of section 5 of the act of 3 April 1939 (53 Stat. 557), as amended (10 U.S.C., Sup. IV, 456). In cases involving members of the Army Nurse Corps, nurses holding appointments as officers in the Army of the United States, dual status nurses, and dietitians and physical therapists who hold appointments as officers, the Army Nurse Corps retiring board must decide whether such

individuals were disabled "in line of duty" within the meaning of the act of 20 June 1930 (46 Stat. 790), as amended (10 U.S.C. 937). If the board finds that the incapacity was the result of an incident of service or incurred in line of duty within the meaning of the appropriate statutory phrase it will make an affirmative answer in Item 29 of WD AGO Form 199.

b. A permanent incapacity for active service is the result of an incident of service within the meaning of Item 29 of WD AGO Form 199, and thus within the meaning of appropriate statutory phrases as hereinbefore set forth, if it is caused by an incident of service or if the cause of the incapacity, that is the disease, injury or infirmity, has been permanently aggravated by military service.

c. An incapacity for active service will be presumed to be in line of duty and thus to be the result of an incident of service unless it is established beyond a reasonable doubt that the disease, injury or infirmity which is the cause thereof:

- (1) Occurred under circumstances indicating the individual's misconduct or wilful neglect and it is established that such misconduct or wilful neglect was the proximate cause of the incapacity.
- (2) Occurred while the individual was absent from duty without official permission.
- (3) Occurred as the result of the individual's outside activities, not of a class authorized or encouraged by the War Department.
- (4) Existed prior to the individual's entry upon active military service and was not aggravated by such service. ✓

25. Statutory right of eligible individuals to appear before retiring boards. During war or public emergency the Secretary of War lawfully may defer reference of cases to retiring boards for a reasonable period of time in the public interest when the individuals concerned are retained on active duty either in a general or a limited service capacity.

26. Legal importance of the status of the individual appearing before a retiring board. Although the foregoing paragraphs of this Chapter have stated rules which are of general application except as otherwise indicated, the differences in status of the individuals who appear before retiring boards make it impossible to generalize further. The following sections of this Chapter consider the legal basis for the action of a retiring board, together with certain background material, with respect to particular classes of individuals. In a specific case a retiring board will consider and apply the foregoing paragraphs of this Chapter and Sections 2, 3, 4, 5, of this Chapter dependent upon the status of the individual who appears before it.

SECTION 2.--COMMISSIONED OFFICERS OF THE REGULAR ARMY

27. Statutory basis for retirement for disability. Sections 1245 to 1253, inclusive, Revised Statutes, provide:

✓ "When any officer has become incapable of performing the duties of his office, he shall be either retired from active service, or wholly retired from the service, by the President, as hereinafter provided." (R.S. 1245; 10 U.S.C. 931)

"The Secretary of War, under the direction of the President, shall, from time to time, assemble an Army retiring board, consisting of not more than nine nor less than five officers, two-fifths of whom shall be selected from the Medical Corps. The board, excepting the officers selected from the Medical Corps, shall be composed, as far as may be, of seniors in rank to the officer whose disability is inquired of." (R.S. 1246; 10 U.S.C. 961)

"The members of said board shall be sworn in every case to discharge their duties honestly and impartially." (R.S. 1247; 10 U.S.C. 962)

✓ "A retiring board may inquire into and determine the facts touching the nature and occasion of the disability of any officer who appears to be incapable of performing the duties of his office, and shall have such powers of a court-martial and of a court of inquiry as may be necessary for that purpose." (R.S. 1248; 10 U.S.C. 963)

✓ "When the board finds an officer incapacitated for active service, it shall also find and report the cause which, in its judgment, has produced his incapacity, and whether such cause is an incident of service." (R.S. 1249; 10 U.S.C. 964)

✓ "The proceedings and decision of the board shall be transmitted to the Secretary of War, and shall be laid by him before the President for his approval or disapproval and orders in the case." (R.S. 1250; 10 U.S.C. 965)

✓ "When a retiring board finds that an officer is incapacitated for active service, and that his incapacity is the result of an incident of service, and such decision is approved by the President, said officer shall be retired from active service and placed on the list of retired officers." (R.S. 1251; 10 U.S.C. 933)

"When the board finds that an officer is incapacitated for active service, and that his incapacity is not the result

of any incident of service, and its decision is approved by the President, the officer shall be retired from active service, or wholly retired from the service, as the President may determine. The names of officers wholly retired from the service shall be omitted from the Army Register." (R.S. 1252; 10 U.S.C. 934)

"Except in cases where an officer may be retired by the President upon his own application, or by reason of his having served forty-five years, or of his being sixty-two years old, no officer shall be retired from active service, nor shall an officer, in any case, be wholly retired from the service, without a full and fair hearing before an Army retiring board, if, upon due summons, he demands it." (R.S. 1253; 10 U.S.C. 966)

28. Individuals who may be retired for disability. a. In order to be eligible for retirement under the statutes set forth in paragraph 27, it is necessary that the person concerned be an officer of the Regular Army on the active list. Thus, in the absence of special legislation, no person can be so retired subsequent to his discharge, resignation, or dismissal from the service or his retirement for age or length of service.

b. Section 1245, Revised Statutes, which is mandatory in form, requires that an officer of the Regular Army incapacitated for active service by reason of disability be either retired from active service or wholly retired from the service, but that requirement is subject to the taking of the procedural steps prescribed in sections 1246 to 1253, inclusive, of the Revised Statutes. The first-mentioned section states in general terms the object sought to be accomplished, and the subsequent sections prescribe in specific terms what is to be done and the manner in which it is to be accomplished. Retirement under either section 1251 or section 1252, Revised Statutes, depends solely upon the physical or mental incapacity of the officer concerned to perform the duties of his office, and he cannot, by giving his consent, be retained on the active list after it has been duly determined that he is incapacitated for active service.

29. Meaning of "incident of service". An incapacity is the result of an "incident of service" within the meaning of sections 1251 and 1252, Revised Statutes (10 U.S.C. 933, 934), when it is incurred in line of duty in the active military service. Thus, an officer of the Regular Army is eligible to be retired for disability under the provisions of section 1251, Revised Statutes (10 U.S.C. 933), for incapacity which is incident to commissioned service in the Regular Army or which is incident to prior active service as an enlisted man or as an officer not of the Regular Army or as a cadet of the United States Military Academy.

30. Approval or disapproval of findings. a. The retirement from active service of an officer of the Regular Army for disability, under the provisions of either section 1251 or 1252, Revised Statutes (10 U.S.C. 933, 934), requires approval by the President of the United States of the Army

retiring board's finding that the officer concerned is incapacitated for active service and its finding that such incapacity is or is not the result of an incident of service. Thus the retirement of such officers is the dual function of the President and an Army retiring board. Until the findings of an Army retiring board have been approved by the President they have no operative effect.

b. The Army retiring board's recommendation as to the capacity of the officer concerned to perform limited military service (Item 34, WD AGO Form 199) is not one of the statutory findings which the President approves, and action on such recommendation is a matter for determination by the Secretary of War.

31. Effect of approval of findings. a. Section 1251, Revised Statutes, provides that when an Army retiring board finds an officer to be incapacitated as a result of an incident of service, and such decision is approved by the President, "said officer shall be retired from active service and placed on the list of retired officers". Section 1252, Revised Statutes, provides that when an Army retiring board finds an officer to be incapacitated, not the result of an incident of service, and its decision is approved by the President, "the officer shall be retired from active service, or wholly retired from the service, as the President may determine".

b. In the absence of any showing of fraud, an order for the retirement of an officer of the Regular Army, when fully executed by the placement of such officer on the retired list, cannot be amended or revoked, and a retired officer can be reinstated on the active list only by a new appointment made by the President, by and with the advice and consent of the Senate, if a vacancy on the active list exists and can be lawfully filled. This is so even though the disease, injury or infirmity upon which retirement was predicated is subsequently corrected. Except for those officers who are wholly retired, all officers retired for physical disability are placed on the retired list and remain members of the Regular Army. However, retirement automatically terminates any rights to promotion which might have accrued had such officers continued on the active list and their status becomes that of a retired officer unidentified with any particular arm or service of the Army.

c. In the case of an officer found by an Army retiring board to be incapacitated, not the result of any incident of service, it lies within the discretion of the President, under section 1252, Revised Statutes, after approving such findings to retire such officer from active service or to retire him wholly from the service. If wholly retired, the officer concerned is thereby completely separated from the service and becomes a civilian.

32. Effective date of retirement. a. The act of 23 April 1930 (46 Stat. 253; 5 U.S.C. 47a) which became effective 1 July 1930, provides in pertinent part:

"That hereafter retirement authorized by law of Federal personnel of whatever class, civil, military, naval, judicial, legislative, or otherwise, and for whatever cause retired, shall take effect on the 1st day of the month following the

month in which said retirement would otherwise be effective, and said 1st day of the month for retirements hereafter made shall be for all purposes in lieu of such date for retirement as may now be authorized; except that the rate of active or retired pay or allowance shall be computed as of the date retirement would have occurred if this Act had not been enacted."

b. Under this act retirement for disability is effective on the first day of the month following the approval of the retiring board findings by the President. The purpose of the act is to retain persons in an active status until the end of the month in which they ordinarily would have been retired under the provisions of prior legislation. The last quoted clause of the act was not intended to deprive officers of active duty pay between the date on which retirement would be effective, but for the application of such act, and the end of the month, but to prevent such officers from reaching a higher pay status by reason of active service during the period in question.

33. The act of 29 June 1943 as applied to Regular Army officers.

a. Sections 2 to 9, inclusive, of the act of 29 June 1943 (57 Stat. 249; 10 U.S.C., Sup. IV, 985a - 985h), provide:

"Sec. 2. Any officer of the Regular Army who heretofore or hereafter has been or may be retired for physical disability determined or incurred while serving under a temporary appointment in a higher grade shall have the rank and receive retired pay computed as otherwise provided by law for officers of such higher grade.

"Sec. 3. Any officer of the Regular Army on the retired list who shall have been placed thereon for reasons other than physical disability shall, if he incurs physical disability while serving under a temporary appointment in a higher grade, be promoted on the retired list to such higher grade and receive retired pay computed as otherwise provided by law for an officer of such higher grade retired on account of physical disability incident to the service.

"Sec. 4. Any officer of the Regular Army on the retired list who shall have been placed thereon by reason of physical disability shall, if he incurs additional physical disability while serving under a temporary appointment in a higher grade, be promoted on the retired list to such higher grade and receive retired pay computed as otherwise provided by law for officers of such higher grade: Provided, That the Secretary of War, or such person or persons as he may designate, shall find that the additional physical disability is incident to service while on active duty in the higher grade and not less than 30 per centum permanent.

"Sec. 5. Any officer of the Regular Army on the retired list who shall have been placed thereon for reasons other than physical disability shall, if he incurs physical disability while serving on active duty in the same grade as that held by

him on the retired list, receive retired pay computed as otherwise provided by law for officers of such grade retired on account of physical disability incident to the service.

"Sec. 6. The benefits of this Act shall apply to officers of the Army of the United States who were retired or granted retirement pay subsequent to April 6, 1917, or who may hereafter be retired or granted retirement pay for physical disability in line of duty in time of war or any emergency declared by the President, or within six months thereafter, determined or incurred while serving under a temporary appointment in a higher grade, including any officer given a temporary appointment in a higher grade under the Act of June 16, 1936, who has been retired for physical disability in a lower grade.

"Sec. 7. The provisions of this Act shall not apply in any case unless proceedings to obtain the benefits provided herein are initiated within six months from the termination of the temporary appointment held at the time when the disability is incurred or the disabled officer's release from active duty, whichever occurs earlier: Provided, That such proceedings may be initiated within six months from the date of the approval of this Act in any case where such termination of appointment, retirement, or release from active duty occurred prior to such approval. The Secretary of War is authorized to prescribe such regulations as he may deem necessary to carry out the provisions of this Act.

"Sec. 8. Nothing contained herein shall be construed to limit the power of the President under existing law, or to affect the right of any officer of the Regular Army to have the rank and retired pay of a higher grade than herein provided, or of any other officer of the Army of the United States to have the retirement pay of a higher grade than herein provided, if entitled thereto under other provisions of law.

"Sec. 9. No back pay shall accrue by reason of the enactment of this Act. The provisions of this Act shall not otherwise affect the method in which officers are to be retired."

b. Purpose and scope of statutory provisions. (1) The act quoted in part in paragraph 33a is a special statute which affects only the rank and retired pay of officers retired under some other provisions of law and provides no new ground for retirement. It has no application until retirement in a particular case has been accomplished under some other statute, but, under sections 3 and 5 thereof, it is operative in the cases of certain retired officers entitled to receive the benefits provided thereby, to change the retired status of such officers retired for reasons other than physical disability to that of officers retired on account of incapacity for active service, the result of an incident of service. The act affords no benefits to officers wholly retired, and insofar as it affords benefits to retired officers, it limits such benefits to those officers on the retired list who incur a stated quantum of disability on active duty subsequent to their retirement.

(2) The act of 29 June 1943, supra, affords no benefits unless the disability upon which it is sought to predicate entitlement was incurred in line of duty, that is, as a result of an incident of service.

c. Interpretation of section 2. (1) Section 2 of the act of 29 June 1943, supra, relates only to officers of the Regular Army on the active list who may be or have been retired for physical disability determined or incurred while serving under a temporary appointment in a higher grade. This section provides alternative bases for entitlement to receive the benefits therein provided, namely (1) physical disability "determined" while serving under a temporary appointment in a higher grade, or (2) physical disability "incurred" while serving under such an appointment.

(2) The term "rank" as used in section 2, supra, is synonymous with "grade", and that section contemplates that an officer benefited by its provisions shall be retired in the higher temporary grade held at the time the disability is "determined" or the higher temporary grade held at the time the disability is "incurred", whichever grade is the higher.

(3) The word "determined", as used in section 2, supra, refers to the date on which the President approves the findings of the Army retiring board.

(4) The word "incurred", as used in section 2, supra, does not refer to the date of the inception of the disease or the sustaining of the injury, but refers to the date of resulting incapacity for active service. Thus the administration of the act of 29 June 1943, supra, requires that some one date be fixed by an Army retiring board as the date when permanent incapacity for active military service occurred (see par. 60d).

d. Interpretation of sections 3 and 5. (1) Sections 3 and 5 of the act of 29 June 1943, supra, relate only to officers of the Regular Army who have been placed on the retired list for reasons other than physical disability and who are subsequently recalled to active duty. Entitlement to the benefits provided by sections 3 and 5 is predicated exclusively upon disability incurred while performing the service described therein. Sections 3 and 5 of the act of 29 June 1943, operate to change the retirement status of officers in the categories described in those sections from that of officers retired for reasons other than physical disability to that of officers retired by reason of incapacity for active service, the result of an incident of service. Such change in status does not relate back to the time of initial retirement but is effective from the date of the final administrative determination of the incurrence of the disability which operates to effect such change in status. Thus the effective date of entitlement to the benefits accorded by sections 3 and 5, supra, is the date of the final administrative determination by the War Department of the fact of eligibility for such benefits, and not the date on which the disability occurred or the date of the retiring board findings or the date on which the retired officer is subsequently relieved from active duty.

(2) Additional benefits accorded to a retired officer entitled to the benefits of section 3 of the act of 29 June 1943, supra, are advancement on the retired list to the higher temporary grade in which he was serving at the time of the incurrence of disability, and retired pay computed as provided in section 3 of the mentioned act.

(3) Section 5 of the act of 29 June 1943, supra, accords to retired officers entitled to the benefits of the mentioned section, the retired pay which an officer of the same grade would receive who is retired because of physical disability. Officers within the category described in section 5, supra, who may receive an increase in retired pay by virtue of the mentioned section are those who were initially retired for reasons other than disability under the provisions of any one of several acts under the terms of which their retired pay does not equal the amount they would receive under section 5, supra. One class of officers who might so benefit are those retired with not less than 15 nor more than 29 years service under the provisions of section 5 of the act of 31 July 1935 (49 Stat. 507), as amended by section 3 of the act of 13 June 1940 (54 Stat. 380; 10 U.S.C. 943a, 971b).

(4) The phrase "incurs physical disability" as used in sections 3 and 5 of the act of 29 June 1943, supra, refers to the date on which an officer becomes permanently physically or mentally incapacitated for active military service, as distinguished from the date of the inception of the disease or injury which caused or contributed to such incapacity.

e. Interpretation of section 4. (1) Section 4 of the act of 29 June 1943, supra, relates only to officers of the Regular Army who have been placed on the retired list by reason of physical disability, and thereafter have incurred additional disability at least 30 per centum permanent, while on active duty. Entitlement to the benefits provided by section 4, supra, requires an express finding by an Army retiring board that the disability upon which entitlement is predicated is additional to the disability for which the officer was initially retired and is "not less than 30 per centum permanent".

(2) This means that the benefits afforded by the mentioned section are available only to officers otherwise qualified whose cases fulfill the following requirements: 1 that they have incurred additional permanent disability incident to active service under a temporary appointment in a grade higher than their grade on the retired list, such additional disability being due either to a new disease, injury or infirmity, or the aggravation, by reason of such service of a preexisting disease, injury or infirmity; and 2 that such additional permanent disability constitutes not less than 30 per centum of the aggregate existing permanent disability of the officer concerned. The benefits provided by the mentioned section are advanced grade on the retired list and retired pay computed on the basis of such grade. The effective date of entitlement to benefits is the date on which final administrative determination is made by the War Department that the officer concerned has incurred additional disability within the meaning of section 4, supra, and not the date on which the additional disability occurred or the date of the retiring board findings.

f. Interpretation of section 6. (1) Section 6 of the act of 29 June 1943, supra, states no additional basis for entitlement to receive the benefits conferred by the preceding sections of the act, does not provide any specific benefits for any particular class of officers, and merely enumerates specific classes of persons who may qualify for the benefits provided by one of the five preceding sections if otherwise entitled thereto pursuant to section 6.

(2) Section 6, supra, names two general classes of persons eligible to receive the benefits provided by the act, namely 1 officers of the Army of the United States who were retired or granted retirement pay between 6 April 1917

and 29 June 1943 and 2 officers who after 29 June 1943, are, within the periods of time specified in section 6, retired or granted retirement pay for physical disability in line of duty determined or incurred while serving under a temporary appointment in a higher grade. The requirement that the cause of retirement or the granting of retirement pay be "physical disability in line of duty in time of war or any emergency declared by the President, or within six months thereafter" does not apply to the first-mentioned class. (Note: Although no such case has arisen The Judge Advocate General has intimated that the portion of section 6, supra, relating to "serving under a temporary appointment in a higher grade" would not necessarily operate to deprive an officer retired for reasons other than disability subsequent to 29 June 1943, of the benefits of section 5 of the act if he were otherwise entitled thereto.)

g. Interpretation of section 7. Section 7 of the act of 29 June 1943, prescribes stated limitations as to the time within which proceedings must be "initiated" in order to procure the benefits provided by the mentioned act. Section 7, supra, provides generally that such proceedings must be initiated within six months after "the termination of the temporary appointment held at the time when the disability is incurred or the disabled officer's release from active duty, whichever occurs earlier", subject to the exception that "in any case where such termination of appointment, retirement, or release from active duty" occurred prior to the date of the approval of the act, such proceedings were required to be initiated prior to 30 December 1943. If the War Department does not initiate timely proceedings of its own volition, the officer concerned must do so by writing an appropriate letter to The Adjutant General.

h. Interpretation of section 8. Section 8 of the act of 29 June 1943, supra, provides expressly that the mentioned act shall not be so construed as to affect the right of a Regular Army officer, under other statutes, to have the rank and retired pay of a higher grade than that to which he is entitled under the mentioned act. Subject to this qualification, the rank and retired pay of an officer entitled to retirement in advanced rank or advancement in rank on the retired list under the act of 29 June 1943, supra, and some earlier special statutory provision would in general be determined under the act of 29 June 1943, supra.

34. Retirement because of disqualification for promotion. a. In addition to those cases arising under sections 1251 and 1252, Revised Statutes (10 U.S.C. 933, 934) Army retiring boards have by Army Regulation 605-250 been given jurisdiction of "Cases where officers of the Regular Army are not classed as physically qualified as a result of physical examination required as a condition to promotion in permanent grade". Such cases involve the application of the following statutes:

"* * * That should the officer fail in his physical examination [for promotion] and be found incapacitated for service by reason of physical disability contracted in line of duty he shall be retired with the rank to which his seniority entitled him to be promoted; but if he should fail for any other reason he shall be suspended from promotion for one year, when he shall be re-examined, and in case of failure on such re-examination he shall be honorably discharged with one year's pay from the Army: * * *"
(sec. 3, act, 1 Oct 1890, 26 Stat. 562; 10 U.S.C. 932)

"* * * when the exigencies of the service of any officer who would be entitled to promotion upon examination require him to remain absent from any place where an examining board could be convened, the President is hereby authorized to promote such officer, subject to examination, and the examination shall take place as soon thereafter as practicable. If upon examination the officer be found disqualified for promotion, he shall, upon the approval of the proceedings by the Secretary of War, be treated in the same manner as if he had been examined prior to promotion." (sec. 32, act 2 Feb 1901, 31 Stat. 756; 10 U.S.C. 556a)

"* * * should any officer of the Medical Corps fail in his physical examination and be found incapacitated for service by reason of physical disability contracted in the line of duty, he shall be retired with the rank to which his seniority entitled him to be promoted; but if he should be found disqualified for promotion for any other reason, a second examination shall not be allowed, but the Secretary of War shall appoint a board of review to consist of three officers of the Medical Corps superior in rank to the officer examined, none of whom shall have served as a member of the board which examined him. If the unfavorable finding of the examining board is concurred in by the board of review, the officer reported disqualified for promotion shall, if a first lieutenant or captain, be honorably discharged from the service with one year's pay; and, if a major, shall be debarred from promotion * * *. If the action of the examining board is disapproved by the board of review, the officer shall be considered qualified and shall be promoted." (sec. 5, act 23 Apr 1908, 35 Stat. 67; 10 U.S.C. 101, 102)

"* * * any major of the Medical Corps on the active list of the army, who, at his first examination for promotion to the grade of lieutenant-colonel in said corps, has been or shall hereafter be found disqualified for such promotion for any reason other than physical disability incurred in the line of duty shall be suspended from promotion * * *; and any officer suspended from promotion, as hereinbefore provided, shall be reexamined as soon as practicable after the expiration of one year from the date of the completion of the examination that resulted in his suspension; and if on such reexamination he is found qualified for promotion, he shall again become eligible thereto; but if he is found disqualified by reason of physical disability incurred in line of duty, he shall be retired, with the rank to which his seniority entitles him to be promoted; and if he is not found disqualified by reason of such physical disability, but is found disqualified for promotion for any other reason, he shall be retired without promotion." (act 3 Mar 1909, 35 Stat. 737; 10 U.S.C. 103)

"* * * Existing laws providing for the examination of officers for promotion are hereby repealed, except these relating to physical examination, which shall continue to be required for promotion to all grades below that of brigadier general, and except also those governing the examination of officers of the Medical, Dental, and Veterinary Corps. Officers of the said three Corps shall be examined in accordance with laws governing examination of officers of the Medical Corps * * *." (sec. 24c, N.D.A., as added by sec. 24, act 4 Jun 1920, 41 Stat. 774; 10 U.S.C. 125, 143a, 552)

"* * * That for the duration of the wars in which the United States is presently engaged and for six months thereafter, the Secretary of War may, in his discretion, dispense with any part of the examination for promotion in the Regular Army of officers of the Medical, Dental, and Veterinary Corps, except those relating to physical examination * * * (act 15 May 1945, P.L. 59, 79th Cong.)."

b. Section 3, act of 1 October 1890, supra, is a special provision for the retirement of officers of the Regular Army found physically incapacitated for active service on examination for promotion, by reason of physical disability contracted in line of duty, with the rank to which their seniority entitled them to be promoted. Section 32, act of 2 February 1901, supra, is a special provision authorizing, under stated circumstances, the promotion of Regular Army officers subject to physical examination and their retirement, if found thereafter upon examination to be disqualified for promotion, in the same manner as if they had been examined prior to promotion. Section 5, act of 23 April 1908, supra, is a special provision in most respects similar to the mentioned provision of the act of 1 October 1890, except that it governs the examination of certain officers of the Medical Corps and, as to such officers, supersedes the act of 1 October 1890. The act of 3 March 1909, supra, supplements section 5 of the act of 23 April 1908, supra, by making special provision for the suspension from promotion of majors of the Medical Corps, and for their retirement if upon reexamination they are found to be disqualified by reason of physical disability incurred in line of duty.

SECTION 3.--WARRANT OFFICERS OF THE REGULAR ARMY

35. Statutory basis for retirement for disability. Warrant officers of the Regular Army are entitled to be retired for disability under the same conditions as commissioned officers of the Regular Army (sec. 5, act 21 Aug 1941, 55 Stat. 653, 10 U.S.C., Sup. IV, 594; sec. 4a, Nat'l. Def. Act as added by sec. 4, act 4 Jun 1920, 41 Stat. 761, 10 U.S.C. 594; Chap. IX, act 9 Jul 1918, 40 Stat. 882, 10 U.S.C. 276; act 15 Oct 1940, 54 Stat. 1177, 10 U.S.C. 277).

36. Interpretation and application. Warrant officers of the Regular Army are officers of the Regular Army, but are not commissioned officers. They are eligible for retirement for disability under the same conditions as commissioned officers of the Regular Army. Thus a warrant officer of the Regular Army may be retired, as a warrant officer, for incapacity for active service incident to his prior service as an enlisted man in the Regular Army. However, retired warrant officers of the Regular Army who have performed no active commissioned service subsequent to retirement are not entitled to receive any benefits under the act of 29 June 1943. A warrant officer (junior grade) appointed pursuant to the act of 21 August 1941 (55 Stat. 652; 10 U.S.C., Sup. IV, 591), as a chief warrant officer, subject to the required physical examination, and found upon such physical examination to be physically unfit and recommended to be retired for physical disability, is not advanced to the grade of chief warrant officer and retired pursuant to section 3 of the act of 1 October 1890 (23 Stat. 562; 10 U.S.C. 932).

SECTION 4.--MEMBERS OF THE ARMY NURSE CORPS, NURSES HOLDING APPOINTMENTS AS OFFICERS IN THE ARMY OF THE UNITED STATES, DUAL STATUS NURSES, AND DIETITIANS AND PHYSICAL THERAPISTS WHO HOLD APPOINTMENTS AS OFFICERS IN THE ARMY OF THE UNITED STATES.

37. Status of individuals. a. The Army Nurse Corps is a component of the Medical Department of the Regular Army and the personnel thereof, including Reserve nurses, are members of the Regular Army. Members of the Army Nurse Corps, as such, hold relative rather than actual rank and are not commissioned officers of the Regular Army. Members of the Army Nurse Corps, including Reserve nurses, if they do not hold appointments in the Army of the United States and thus possess a dual status, are retired under the provisions of the act of 20 June 1930 (46 Stat. 790), as amended (10 U.S.C. 937), in the "grade" to which they belonged at the time of their retirement. The word "grade" refers to one of the positions in the corps prescribed by section 1, Chapter V, act of 9 July 1918 (40 Stat. 879; 10 U.S.C. 161), as, for example, superintendent, assistant superintendent, etc. The retired pay of members of the Army Nurse Corps who are not dual status nurses will be computed on the basis of the permanent pay provisions of section 13 of the Pay Readjustment Act of 1942 (56 Stat. 366; 37 U.S.C., Sup. IV, 113) and not on the basis of their present pay.

b. Army nurses who hold appointments as officers in the Army of the United States but who are not members of the Army Nurse Corps are eligible for retirement under the provisions of the act of 20 June 1930 (46 Stat. 790) as amended (10 U.S.C. 937), and if so retired they receive retired pay at the rate of 75 per centum of the active duty base and longevity pay received while serving in the highest grade in which they served while assigned to the Army Nurse Corps.

c. A dual status nurse, that is, a member of the Army Nurse Corps who holds an appointment as an officer in the Army of the United States, if found to be disabled from performing the duties of a nurse and retired while still holding both appointments, is placed upon the Army Nurse Corps Retired List in the highest commissioned grade in which she served under such appointments and receives retired pay at the rate of 75 per centum of the active duty base and longevity pay received by her while serving in the highest grade in which she served under such appointments.

d. Dietitians and physical therapists who hold appointments as officers in the Army of the United States are eligible for the same retirement benefits for disability as Army nurses who hold appointments in the Army of the United States. Thus, if retired for disability they receive retired pay at the rate of 75 per centum of the active duty base and longevity pay received while serving in the highest grade in which they served while assigned to the Medical Department.

38. Statutory basis for retirement and determination of retired pay and rank. a. The act of 20 June 1930 (46 Stat. 790), as amended by the act of 17 October 1940 (54 Stat. 1192; 10 U.S.C. 937) provides in pertinent part:

"That pursuant to regulations to be prescribed by the Secretary of War * * *, when a member of the Army Nurse Corps * * * shall be found by a board of medical officers to have become disabled in line of duty from performing the duties of a nurse, and such findings are approved by the head of the department concerned, she shall be retired from active service and placed upon the Nurse Corps retired list of the appropriate department in the grade to which she belonged at the time of her retirement and with retired pay at the rate of 75 per centum of the active service pay received by her at the time of her transfer to the retired list. * * *"

b. The act of 3 March 1931 (46 Stat. 1502; 10 U.S.C. 983), provides:

"That the Act approved June 20, 1930, entitled 'An Act to provide for the retirement of disabled nurses of the Army and the Navy, shall be construed, from its effective date, as authorizing the pay of members of the Army Nurse Corps and the Navy Nurse Corps retired thereunder to be computed upon the basis of the entire amount of the active-service pay received by each, respectively, at the time of her transfer to the retired list, including in the cases of superintendents of Nurses Corps, assistant superintendents, directors, assistant directors, and chief nurses the money allowance prescribed as part of their compensation by section 13 of the Act of June 10, 1922 (42 Stat. 631)."

Section 13 of the act of 10 June 1922, which is referred to above, was superseded by section 13 of the Pay Readjustment Act of 1942 (act 16 Jun 1942, 56 Stat. 366; 37 U.S.C., Sup. IV, 113). Section 15 of the latter act (10 U.S.C., Sup. IV, 115) provides that, effective 1 June 1942, nurses "shall have their retired pay * * * computed as now authorized by law" on the basis of pay provided in that act.

c. The act of 22 June 1944 (58 Stat. 324), provides in pertinent part:

"[Sec. 1.] That, notwithstanding any other provision of law, members of the Army Nurse Corps, female persons having the necessary qualifications for appointment in such corps, female dietetic and physical-therapy personnel of the Medical Department of the Army (exclusive of students and apprentices) appointed under the provisions of the Act of December 22, 1942 (56 Stat. 1072), and female persons having the necessary qualifications for appointments in such department as female dietetic or physical-therapy personnel under the provisions of the Act of December 22, 1942 (56 Stat. 1072), may be appointed as officers in the Army of the United States under the provisions of the joint resolution of September 22, 1941 (55 Stat. 728), as amended by the Act of July 7, 1943 (Public Law 114, Seventy-eighth Congress), in the grades therein prescribed, and assigned, respectively, to the Army Nurse Corps and Medical Department of the Army. * * * Members of the Army Nurse Corps so appointed and assigned shall

not by acceptance of their appointments vacate their appointments in the Army Nurse Corps. (50 U.S.C. App., Sup. IV, 1591)

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"Sec. 3. In addition to members of the Army Nurse Corps, any person appointed and assigned as an officer in the Army of the United States under the provisions of section 1 of this Act shall be eligible to be retired under any law providing for the retirement of members of the Army Nurse Corps, and any such person, including members of the Army Nurse Corps, who, while serving under such appointment and assignment, is so retired for disability shall receive retired pay at the rate of 75 per centum of the active duty base and longevity pay received by her while serving in the highest grade in which she served under any such appointment and assignment, and, notwithstanding any other provision of law, shall be placed upon the Army Nurse Corps retired list in such highest grade. * * * (50 U.S.C. App., Sup. IV, 1593)."

SECTION 5--COMMISSIONED OFFICERS, WARRANT OFFICERS AND FLIGHT OFFICERS WHO ARE NOT OFFICERS OF THE REGULAR ARMY

39. Retirement pay. Although retirement benefits for disability exist for certain disabled military personnel who are not a part of the permanent military establishment, such individuals are not eligible to be "retired"; instead they receive "retirement pay". Entitlement to retirement pay does not create a military status and eligibility for retirement pay is not dependent upon the continuation of such status.

40. Statutory basis for retirement pay. a. Section 5 of the act of 3 April 1939 (53 Stat. 557), as amended (10 U.S.C., Sup. IV, 456) provides in pertinent part:

"* * * That all officers, warrant officers, and enlisted men of the Army of the United States, other than the officers and enlisted men of the Regular Army, if called or ordered into the active military service by the Federal Government for extended military service in excess of thirty days, other than for service with the Civilian Conservation Corps, and who suffer disability or death in line of duty from disease or injury while so employed shall be deemed to have been in the active military service during such period and shall be in all respects entitled to receive the same pensions, compensation, retirement pay, and hospital benefits as are now or may hereafter be provided by law or regulation for officers and enlisted men of corresponding grades and length of service of the Regular Army, including for their dependents the benefits of the Act of December 17, 1919 (41 Stat. 367), as amended."

b. Executive Order No. 8099, 28 April 1939 (4 Federal Register 1725), as amended by Executive Order No. 8461, 28 June 1940 (5 Federal Register 2436), and Executive Order No. 9051, 6 February 1942 (7 Federal Register 839), providing for the administration of the benefits provided by section 5 of the act of 3 April 1939, as amended, supra, provides in pertinent part:

"* * * the duties, powers, and functions incident to the administration and payment of the benefits provided by the statute as above set out are hereby vested in the Veterans' Administration: Provided, That in the administration of the retirement-pay provisions of the said statute, the determination of all questions of eligibility for the benefits thereof, including all questions of law and fact relating to such eligibility, shall be made by the Secretary of War, or by someone designated by him in the War Department, in the manner, and in accordance with the standards, provided by law, or regulations for Regular Army personnel: * * *"

41. Individuals eligible for retirement pay. If called or ordered into active military service by the Federal Government for extended military

service in excess of thirty days, not for duty with the Civilian Conservation Corps, and disabled in line of duty while so engaged, the following classes of individuals other than enlisted men are eligible for retirement pay.

- a. National Guard personnel.
- b. Officers Reserve Corps personnel.
- c. Temporary officers appointed in the Army of the United States without component pursuant to the act of 22 September 1941 (55 Stat. 728), as amended (10 U.S.C., Sup. IV, 484 note), including commissioned officers of the Women's Army Corps.
- d. Female physicians and surgeons appointed as commissioned officers in the Army of the United States under the act of 16 April 1943 (57 Stat. 65), as amended (10 U.S.C., Sup. IV, 92a).
- e. Temporary chief warrant officers and temporary warrant officers (junior grade) appointed under section 3 of the act of 21 August 1941 (55 Stat. 652; 10 U.S.C., Sup. IV, 591a).
- f. Flight officers.

42. Interpretation of the act of 3 April 1939. a. Entitlement to receive the retirement pay benefits provided by section 5 of the act of 3 April 1939 (53 Stat. 557), as amended (10 U.S.C., Sup. IV, 456) must be predicated upon disease, injury or infirmity resulting in permanent disability which was incurred in line of duty while on active service on or after 3 April 1939, or upon an additional permanent disability resulting from aggravation incident to such service of a disease, injury or infirmity which was not itself an incident of service.

b. Eligibility to receive retirement pay under the mentioned act requires the individual concerned to have been in an active duty status at the time the disability was incurred but it does not require such a status to be held as of the time the individual applies for retirement pay benefits or appears before an Army retiring board or is certified to the Veterans' Administration as entitled to retirement pay.

c. If an officer's disability is wholly incident to his enlisted or warrant officer service he is not entitled to receive retirement pay based on his commissioned status. A physical defect which existed prior to entry upon active military service and which has not been permanently aggravated as a result of such active service provides no basis for such entitlement.

43. Approval of retiring board findings. The final determination of eligibility for retirement pay benefits is a function of the Secretary of War, or his designee, pursuant to the terms of Executive Order No. 8099, 28 April 1939 (4 Federal Register 1725), as amended, and payment is made by the Veterans Administration upon certification by the War Department that the individual concerned is entitled thereto.

44. The act of 29 June 1943.

a. Section 1 of the act of 29 June 1943 (57 Stat. 249; 10 U.S.C., Sup. IV, 985), provides:

"That any officer of the Army of the United States or of any component thereof, except an officer of the Regular Army, who heretofore or hereafter has been or may be granted retirement pay for physical disability determined or incurred while serving under a temporary appointment in a higher grade shall receive retirement pay computed as otherwise provided by law for officers of such higher grade."

b. Purpose and scope.

(1) The act of 29 June 1943, supra, is not a retirement law and section 1 thereof has no application until, in a particular case, entitlement to receive retirement pay has been determined under some other particular statute, such as the act of 3 April 1939, as amended. It does not change or affect the requirement of section 5 of the act of 3 April 1939, as amended, supra, that in order for an officer to be eligible to receive retirement pay provided by that act he must have become permanently incapacitated for active service as the result of an incident of service while serving as an officer on active duty.

(2) In order to qualify for the benefits provided by section 1 of the act of 29 June 1943, supra, an individual must not only be within the class of officers described in that section but must also fall within one of the classes of officers specified in section 6 of that act (see par. 33f). The officers primarily sought to be benefited by section 1 of the mentioned act are officers of reserve components who at the time their disabilities are incurred or determined hold simultaneously both a permanent appointment and a temporary appointment in a grade higher than their permanent grade. Temporary officers in the Army of the United States without component, appointed under the provisions of the act of 22 September 1941 (55 Stat. 728), as amended (10 U.S.C., Sup. IV, 484, note), who are not members of a reserve component presently hold only one grade and are not benefited by section 1, supra.

c. Interpretation. In the case of an officer entitled by section 1 of the act of 29 June 1943, supra, to have his retirement pay computed as of a higher temporary grade held by him at the time the disability was incurred or determined, if the temporary grade held by him at the time of incurrence is different from that held at the time the determination is made, it is contemplated that his retirement pay will be computed on the basis of the higher of the two grades. The term "determined" as used in section 1, supra, refers to the date when the finding of disability by an Army retiring board is approved by the War Department. Sections 6, 7, 8 and 9 of the act of 29 June 1943, supra, are applicable to individuals who seek the benefits of section 1 of the mentioned act (see par. 33f to 33h).

**SPECIAL ORDERS TO AN OFFICER TO APPEAR
BEFORE AN ARMY RETIRING BOARD**

EXHIBIT "B"

ARMY SERVICE FORCES
Headquarters, Schick General Hospital
Clinton, Iowa

SPECIAL ORDERS
NUMBER 300

EXTRACT

27 Oct 1945

* * *

3. DP MAJ JOHN M DOE O 456 203 Inf will report to the President of the ARB this Gen Hosp for examination by the board at such time as the President thereof may designate.

Auth: Par 8b Cir 109 WD 1945.

* * *

BY ORDER OF COLONEL GRANT:


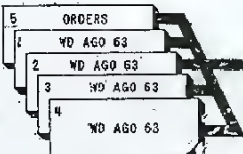
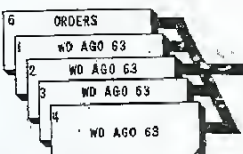
OFFICIAL:

Earle S. Saison

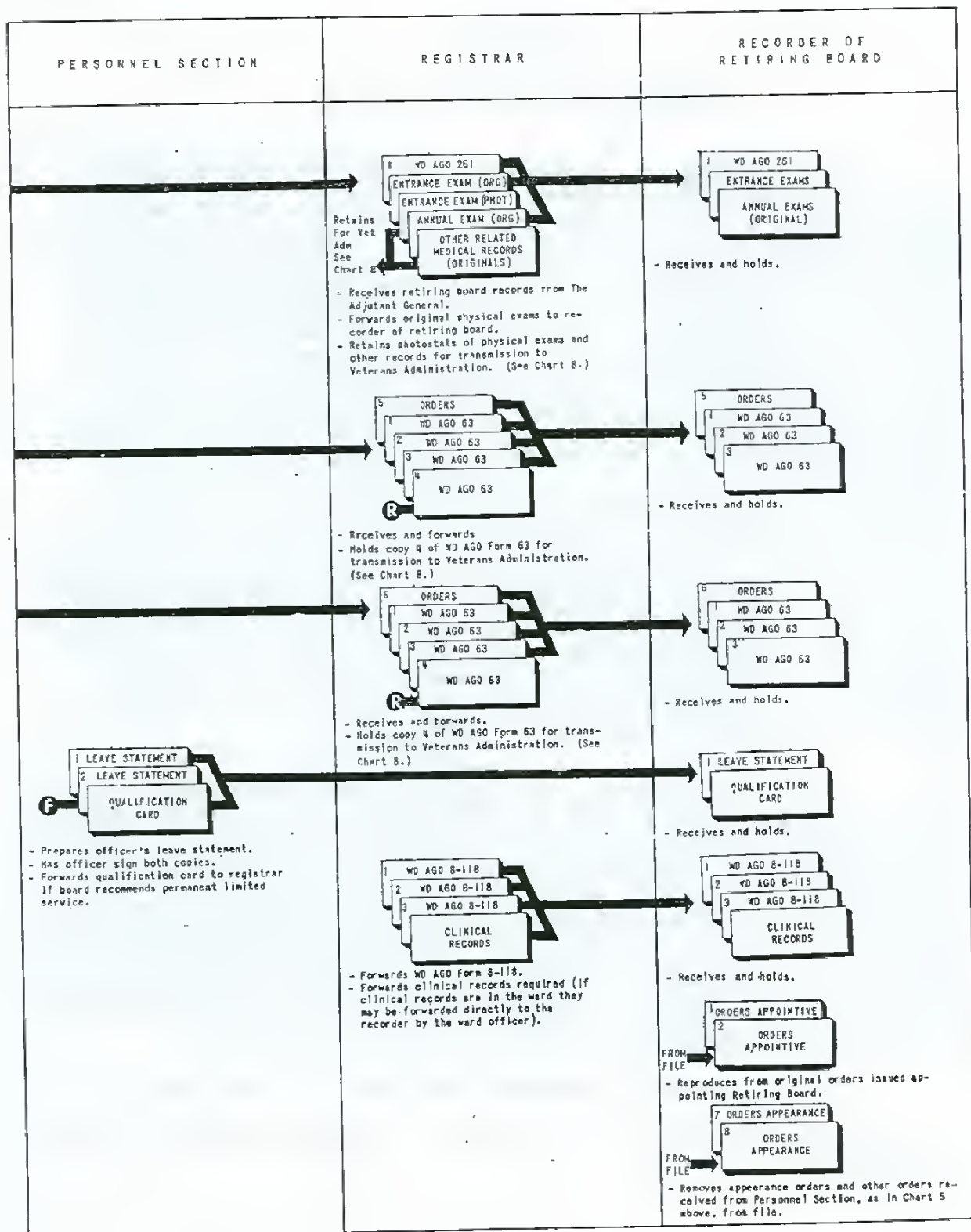
EARLE S SAISON
Captain, MAC
Adjutant

EARLE S SAISON
Captain MAC
Adjutant

ASSEMBLING RECORDS NECESSARY FOR CONDUCT

DOCUMENT	THE ADJUTANT GENERAL	MEDICAL WITNESS	MEDICAL WITNESS
SECTION 5. ASSEMBLING RECORDS NECESSARY FOR CONDUCT OF A RETIRING BOARD.			
REQUEST FOR RECORDS WD AGO FORM 261 FROM THE ADJUTANT GENERAL ENTRANCE PHYSICAL EXAMINATION (ORIGINAL AND PHOTOSTAT) ANNUAL PHYSICAL EXAMINATIONS (ORIGINAL) OTHER RELATED MEDICAL RECORDS	 <p>- Forwards records requested in Chart 1. (Air mail is authorized.)</p>	<p>NOTE: A joint report of physical examination may be prepared.</p>	
ORDERS TO EXAMINE OFFICER AND TESTIFY AT BOARD MEETING REPORT OF PHYSICAL EXAMINATION OF OFFICERS, WD AGO FORM 63.		 <p>- Prepares WD AGO Form 63. - Presents report of physical examination along with appointive orders to recorder.</p>	
ORDERS TO EXAMINE OFFICER AND TESTIFY AT BOARD MEETING REPORT OF PHYSICAL EXAMINATION OF OFFICERS, WD AGO FORM 63			 <p>- Prepares WD AGO Form 63. - Presents report of physical examination along with appointed orders to recorder.</p>
LEAVE STATEMENT OF OFFICER -MEMO- OFFICER'S QUALIFICATION CARD, WD AGO FORM 66-1, 66-2, OR 66-3 DISPOSITION BOARD FINDINGS, WD AGO FORM 8-118 CLINICAL RECORDS WD FORM 55A OR WD AGO FORM 8-33 SERIES ORDERS APPOINTING RETIRING BOARD ORDERS FOR OFFICER TO APPEAR BEFORE RETIRING BOARD			

OF A RETIRING BOARD



CHAPTER 5

RETIRING BOARD PROCEDURE

45. Appointment. a. Authority to appoint Army retiring boards and to make any necessary changes therein, with the exception of the Retiring Board in Washington, D. C., has been delegated by the Secretary of War to the commanding generals of service commands within the continental United States and to the Commanding General, Army Air Forces. In view of this authority the commanding general of each service command and the Commanding General, Army Air Forces, are charged with the responsibility of maintaining properly constituted retiring boards within their commands at all times. The commanding general of each service command will appoint an Army retiring board for each named general hospital, and at such other places as may be deemed necessary, within the jurisdiction of his command. The Commanding General, Army Air Forces, will appoint an Army retiring board at such Army Air Forces stations, regional hospitals and convalescent hospitals as he may deem necessary. Army retiring boards outside the zone of interior will be appointed by the commanding general concerned upon instructions from the Secretary of War. The appointment of Army retiring boards will be by direction of the President, under the provisions of section 1246, Revised Statutes. In the event the required number of officers is not available at an Army installation to constitute a retiring board, the additional necessary officers will be selected from stations in the vicinity of the named general hospital or other location of the retiring board. Chaplains will not be appointed as members of Army retiring boards unless the shortage of suitable personnel so dictates. An Army retiring board which considers the case of a member of the Women's Army Corps will include as a member present a commissioned officer of the Women's Army Corps.

b. Authority to appoint Army Nurse Corps retiring boards and to make changes therein has been delegated by the Secretary of War to the same general officers authorized to appoint Army retiring boards. In view of this authority the commanding general of each service command and the Commanding General, Army Air Forces, are charged with the responsibility of maintaining within their commands, at all times, properly constituted Army Nurse Corps retiring boards, consisting of not more than 5 nor less than 3 medical officers for the consideration of such cases as may properly be referred to it for action. The appointment of such boards will not be by direction of the President but will cite the provisions of the act of Congress approved 20 June 1930, as amended, and the authority therefor contained in Army Regulations 40-20.

c. The senior member of a retiring board will be the president.

d. The president of the board will appoint a reporter and when necessary an interpreter.

e. Medical witnesses are designated under instructions of the authority appointing the retiring board, but not by direction of the President. They will be Medical Corps officers who are not members of the Army retiring board. In designating medical witnesses the hospital commander will exercise extreme care to insure that those designated have appropriate professional qualifications and mature medical judgment. As many additional medical witnesses will be designated as are necessary to insure the appearance of medical officers qualified in the several fields of medicine. In practically all cases it will be in the best interests of the officer concerned and the Government to designate as one of the medical witnesses a specialist in the diagnosis and treatment of the disease, injury or infirmity on account of which the officer concerned is being considered. Such a medical witness is better qualified to present the case, give expert testimony and make appropriate replies to questions. Where the medical witnesses in a particular case are not specialists in the diagnosis and treatment of the pertinent disease, injury or infirmity, appropriate specialists will be called as witnesses by the retiring board, if indicated.

f. The recorder is appointed by the authority appointing the retiring board. An alternate recorder may be appointed to act as recorder in the absence of the recorder. The recorder of an Army Nurse Corps retiring board will be a medical officer.

g. Counsel for the officer appearing before the board will be designated by the commanding officer of the Army installation concerned from a panel of qualified officers of appropriate grade approved by the appointing authority. The authority appointing the retiring board will appoint one or more officers to act as counsel for officers ordered or authorized to appear before each Army retiring board. Each counsel will be a qualified officer of appropriate grade who has had legal training and experience or is otherwise appropriately qualified.

ORDERS APPOINTING AN ARMY RETIRING BOARD

EXHIBIT "A"

ARMY SERVICE FORCES
Headquarters, Seventh Service Command
Omaha 2, Nebraska

SPECIAL ORDERS
NUMBER 260

EXTRACT

17 Sep 1945

* * *

3. DF under the provisions of section 1246, RS an Army Retiring Board is ap'd for Schick General Hospital Clinton Iowa to meet from time to time at the call of the president of the board for the examination of such officers as may be ordered before it.

Detail for the board

COL BENJAMIN M SYMMES 0273813 MC
COL EDWARD E ROAN 0495835 MC
LT COL WILLIAM J BROWNE 06488 Inf
LT COL DONALD J JORDAN 0234826 MC
LT COL ELSON A BRIGGS 0287119 MC
MAJ JAMES J McGINTE 0283666 QMC
MAJ DON D ROBERTS 0239521 MC
MAJ LAWRENCE L FLYNT 0222025 CE
MAJ ELWOOD G JOHNSON 0418548 MC
MAJ JAMES L T SANDS 0462412 MAC
MAJ RALPH S RANDOLPH 0467332 MAC
CAPT ROBERT O BEINO 0225264 AUS
CAPT AUGUST STEVENS 0190580 QMC
CAPT ROBERT T YAEGER 0274440 TC
CAPT ENOCK J MYERS 03339176 MC
CAPT JANE T SMITH 1301234 WAC

Recorder

CAPT JULES M MICHAEL 0498554 MC

Alternate Recorder

CAPT W A TRAW 0179653 MAC

Counsel

CAPT ROBERT T WILLIAMSON 0425418 MAC

* * *

Alternate Counsel

LT FRED Y HINEY 0446995 Inf

BY COMMAND OF MAJOR GENERAL DANIELS:

OFFICIAL:

George J. Connors
GEORGE J CONNORS
Colonel, AGD
Adjutant General

E. I. GUBIN
Brigadier General, GSC
Chief of Staff

ORDERS APPOINTING COUNSEL

EXHIBIT "D"

ARMY SERVICE FORCES
Headquarters, Schick General Hospital
Clinton, Iowa

SPECIAL ORDERS
NUMBER 283

EXTRACT

26 Oct 1945

* * *

7. CAPT ROBERT T WILLIAMSON O 425 418 MAC is designated counsel
for Maj John M Doe pursuant to AR 605-250.

* * *

BY ORDER OF COLONEL GRANT:

OFFICIAL:

EARLE S SAXSON
Captain MAC
Adjutant



EARLE S SAXSON
Captain, MAC
Adjutant

ORDERS APPOINTING MEDICAL WITNESSES

EXHIBIT "H"

ARMY SERVICE FORCES
Headquarters, Schick General Hospital
Clinton, Iowa

SPECIAL ORDERS
NUMBER 274

EXTRACT

1 Oct 1945

* * *

2. MAJ PAUL A BETANS O 346 479 MC and MAJ ROBERT C SMITH JR
O 480 568 MC are designated Medical Witnesses for the Army Re-
tiring Board this Gen Hosp.

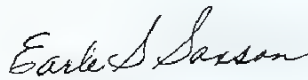
3. LT COL GRAHAM A COEWIN O 372 839 MC and CAPT LEWIS J DALE
O 303 276 MC are designated additional Medical Witnesses for
the Army Retiring Board, this Gen Hosp.

* * *

BY ORDER OF COLONEL GRANT:

OFFICIAL:

EARLE S SAIXSON
Captain MAC
Adjutant



EARLE S SAIXSON
Captain, MAC
Adjutant

46. Function and Jurisdiction. a. It is the function of retiring boards, in cases referred to them, to make findings with respect to:

- (1) the physical and mental capacity for active service of the officers concerned, and whether any incapacity for active service is permanent.
- (2) the cause or causes of any such incapacity, the date or dates such cause or causes originated, and the date the officer concerned became incapacitated for active service.
- (3) whether such incapacity is an incident of service.
- (4) the quantum of any additional permanent disability incurred by commissioned officers of the Regular Army in line of duty while on active duty under a temporary appointment in a higher grade subsequent to their retirement for physical disability.

b. The effect of the findings made by retiring boards is to determine initially:

- (1) the entitlement of the individual before it to be retired or receive retirement pay.
- (2) the entitlement of commissioned officers of the Regular Army to be retired in a higher grade upon being found physically disqualified for promotion.
- (3) the entitlement of commissioned officers to the benefits provided by the act of 29 June 1943 (57 Stat. 249; 10 U.S.C., Sup. IV, 985-985h).

Retiring boards are authorized to make recommendations in appropriate cases that individuals appearing before them be considered for temporary or permanent limited service assignments. Such recommendations will be set forth in Item 34 of WD AGO Form 199.

c. Retiring boards are authorized to make findings whether an individual's incapacity for active service was incurred in combat with an enemy of the United States or resulted from an explosion of an instrumentality of war in line of duty. Such findings will be set forth in Item 35 of WD AGO Form 199.

d. The scope of the investigation of a retiring board concerning the origin and development of an incapacity, or its cause, is not restricted as to time. It may inquire into the matter of an incapacity or its cause however long since it may have originated.

47. Procedure prior to hearing: Prior to the hearing of a particular case the following action will be taken.

a. The president of a retiring board will:

- (1) Fix the time of the hearing after consultation with the recorder to determine that the individual being notified to appear and his

1 71

counsel will have at least three days prior to such date to inspect documentary evidence as provided by Army Regulations 605-250.

- (2) Notify the individual concerned in writing of the time fixed for the hearing; the name of the counsel appointed for him and his right to civilian or military counsel or both; his right to appear, to introduce evidence, cross-examine witnesses and argue his case orally or in writing; the names of the witnesses who will be called by the recorder; and his right to examine documentary evidence as provided by Army regulations.
- (3) Notify the other members on the board of the time and place of the hearing or instruct the recorder to do so.
 - b. The recorder of a retiring board will:
 - (1) Take the necessary action to enable him to advise the president with respect to the appropriate time for a hearing.
 - (2) Notify the medical witnesses, the counsel for the officer concerned, and the reporter of the time and place fixed for the hearing.
 - (3) Arrange to secure the attendance of witnesses desired by the officer concerned, or under appropriate circumstances their depositions, and other evidence.
 - (4) Make the necessary physical arrangements to permit a proper hearing to be held.
 - (5) Make the necessary preparation to adequately acquaint the board at the hearing with all pertinent facts.
 - (6) Assist in securing a continuance of the hearing when requested to do so, and apply for a continuance when the circumstances require such action.

LETTER OF NOTIFICATION OF RETIRING BOARD MEETING

EXHIBIT "C"

ARMY SERVICE FORCES
Headquarters Schick General Hospital
Clinton, Iowa

26 Oct 1945

SUBJECT: Appearance before Army Retiring Board

TO: Major John M. Doe, Inf.

1. You are hereby notified to appear for a hearing before an Army Retiring Board on 1 November 1945, at 1100 hours, in the Medical Library, Schick General Hospital, Clinton, Iowa.

2. The board will make findings with respect to whether you are permanently physically or mentally incapacitated for active service and, if it finds that you are incapacitated, it will also make findings with respect to the following matters:

- a. The cause or causes of such incapacity
- b. The date or dates when the cause or causes of such incapacity originated
- c. The date when you became incapacitated
- d. Whether such incapacity is the result of an incident of service
- e. Whether your incapacity was incurred in combat with an enemy of the United States or resulted from an explosion of an instrumentality of war in line of duty.
- f. Whether you should be recommended for limited service

(In the case of commissioned officers of the Regular Army who have already been retired for disability, omit items b through e, and replace them with:

- b. Whether you incurred additional permanent disability in line of duty while you were serving on active duty under a temporary appointment in a higher grade, subsequent to your retirement and, if so, the amount of such additional disability.)

The effect of the board's findings on the mentioned matters will be to determine initially your entitlement to be retired for disability or to be certified for retirement pay and, if so entitled, the grade in which you are to be retired or certified.

LETTER OF NOTIFICATION OF RETIRING BOARD MEETING (CONT'D)

3. Captain Robert T. Williamson, MAC, has been appointed as your counsel and will advise you of your substantive and procedural rights. He will represent you at the hearing or act as associate counsel if you desire to be represented by military or civilian counsel of your own choice. If you desire you may appear before the board without counsel.

4. At the hearing you will be required to testify under oath. You or your counsel may introduce evidence and cross-examine witnesses called by the recorder or the board. You and your counsel will be permitted to advance your contentions by argument, either orally or in writing.

5. The following witnesses will be called by the recorder:

Major Paul A. Betans, MC
Major Robert C. Smith, Jr., MC

6. You and your counsel are entitled to examine the documentary evidence which will be offered as evidence at the hearing.

BENJAMIN M. SYMMES
Col, MC
President, ARB

Receipt of a full and correct copy of the above on 26 October 1945 is hereby acknowledged. After consultation with my counsel I have concluded that I ~~(do)~~ (do not) desire more than five days to prepare my case. (State reasons if more than five days are desired.) I (do) ~~(do not)~~ desire the services of counsel appointed for me by order.

John M. Doe
Major, Inf.

- (7). Assemble the exhibits which will be submitted at the hearing. Such exhibits may include:

- Exhibit A. Orders appointing the retiring board
- Exhibit B. Orders directing officer concerned to appear before retiring board.
- Exhibit C. Copy of letter of notification of time and place of hearing, etc., to the officer concerned, and acknowledgment of receipt thereof by him or his counsel.
- Exhibit D. Orders appointing counsel for the officer appearing before the board.
- Exhibit E. Statement of Service of the officer, WD AGO Form 261, authenticated by The Adjutant General.
- Exhibit F. Original Report of Physical Examination, WD AGO Form 63, 64 or 38, with waivers if any.
- Exhibit G. All available approved Disposition Board Proceedings for Officers, WD AGO Form 8-118, with clinical abstract attached.
- Exhibit H. Orders appointing medical witnesses.
- Exhibits I and J or K. Reports of medical witnesses on WD AGO Form 63.
- Exhibit L. Certified copy of certificate of non-essentiality.

- (8) The exhibits will be fastened into 3 files as follows:

	File 1 For the War Department (copy number)	File 2 For the officer (copy number)	File 3 For the board (copy number)
Exhibit A	1	2	3
Exhibit B	1	2	3
Exhibit C	1	0	3
Exhibit D	1	2	3
Exhibit E	1 and 2	0	0
Exhibit F	1	0	0
Exhibit G	1	2	3
Exhibit H	1	2	3
Exhibit I and J (or K)	1	2	3
Exhibit L	1	0	2

- (9) Keep record on each officer to appear before the board, recording the movements of all pertinent papers with date.
- (10) Make certain that the subject officer's records received from The Adjutant General are furnished to the medical witnesses for review prior to their examination of the officer.

c. The counsel for the officer ordered to appear before the board

will:

- (1) Confer with the officer as soon as practicable after receiving notice of his appointment.
- (2) Advise the officer of his substantive and procedural rights.
- (3) Prepare to represent the officer or act as associate counsel if the officer will be represented by military or civilian counsel of his own choice, unless properly excused.
- (4) Request the recorder to arrange to secure the attendance of necessary witnesses or their depositions and other evidence.
- (5) Be prepared to offer valid documentary evidence from physicians and hospitals to support the officer's position on facts which are disputed.

d. The medical witnesses will:

- (1) Review subject officer's records forwarded by The Adjutant General.
- (2) Review clinical record and report of current disposition board.
- (3) Obtain and review all available approved disposition board proceedings previously held on subject officer at other medical facilities.
- (4) Obtain and review clinical records of former hospitalizations, when indicated.
- (5) Make a physical examination and record the result of such examination on WD AGO Form 63, Report of Physical Examination. Such report will be complete and will include a thorough medical history, current physical findings, summary of progress during hospitalization, and reports of appropriate laboratory procedures. The nature, causes and permanency of any incapacity for active service found to exist will be stated in the written report. A joint report may be submitted.
- (6) Make full use of the American Red Cross in obtaining reports from civilian sources, including hospitals and physicians, where the need for additional medical information is indicated. Any reports so obtained must be shown to the officer concerned or his counsel and if such reports have been used as a basis for medical opinion they must be offered in evidence, subject, however, to objection.
- (7) Record the auditory acuity for both low conversational (20/20 scale) and whispered voice (15/15 scale), as well as the audiogram, in cases where defective hearing is considered as an incapacitating defect.
- (8) Record both the uncorrected and the corrected visual acuity in cases where the defective vision is considered as an incapacitating defect.
- (9) Have free and open discussion with the patient's ward officer, the chief of division or service, and members of the disposition board, where doubt exists as to the diagnosis, permanency, incidence to military service, permanent aggravation by military service, etc.
- (10) In cases where a joint report has been prepared and thereafter one of the medical witnesses is unable to be present to testify before the board, have a separate examination accomplished by the absentee's alternate.

- (11) Be prepared to report:
- (a) whether in their opinion the officer concerned is permanently incapacitated for active service;
 - (b) the cause of causes of the incapacity (all diseases, injuries, or infirmities that are permanently incapacitating for general military service);
 - (c) whether the cause of the incapacity is an incident of service, giving approximate date of origin when possible (see par. 60c);
 - (d) whether any defects which existed prior to entry on active duty have been permanently aggravated by military service;
 - (e) whether any defects which were incurred in active service, not in line of duty, have been permanently aggravated thereafter by military service;
 - (f) whether the officer is physically qualified for permanent limited service;
 - (g) whether the officer should be recommended for temporary limited service, if found not permanently incapacitated for active service;
 - (h) whether the officer's disability was incurred in combat with an enemy of the United States, or as the result of an explosion of an instrumentality of war in line of duty;
 - (i) whether an officer of the Regular Army, on the retired list by reason of physical disability, has while serving under a temporary appointment in a higher grade incurred a permanent aggravation of an incapacitating defect, that was present when he was recalled to active duty, or has incurred an additional physical disability, either of which is not less than thirty per centum permanent (see par. 60i).
- (12) Record the date or approximate date the officer became incapacitated for active service.
- (13) Inform the officer concerned, at the time of their discovery, of any additional facts or supplementary information of a medical nature which had not been elicited previously.
- (14) Arrange to have all available clinical records, X-rays, and other pertinent material on hand at the time of the board meeting.

48. Opening the hearing. a. When the board is ready to proceed it will be called to order by the president. Members will be seated according to rank, alternately to the right and left of the president. Subject to change by the board other personnel, and the officer concerned, will be seated as the president directs except that counsel for the officer concerned will be seated next to the officer. Unless the officer concerned has been duly notified and fails to appear or has expressly waived in writing his right to be present the board will not proceed in his absence.

REPORT OF PHYSICAL EXAMINATION										Unless otherwise prescribed, this form will be used for all physical examinations of individuals on an officer status, or for appointment as such or enrollment in the ROTC. Use typewriter if practicable. Attach plain additional sheets if required.																													
1. LAST NAME, FIRST NAME, MIDDLE INITIAL Doe, John -M.					2. ARMY SERIAL NO. 0-456203					3. GRADE Maj					4. ORGANIZATION AND ARM OR SERVICE Infantry																								
5. NATURE OF EXAMINATION										6. RACE					7. AGE IN YEARS					8. SEX					9. COMPONENT OF ARMY														
ANNUAL		ACTIVE DUTY		APPOINTMENT		PROMOTION		RETIREMENT		SPECIAL		TERMINAL		W		45		M		RA		AUS		NG		ORG		ROTC											
10. YEARS OF ACTIVE SERVICE 2 7/12										11. YEARS OF INACTIVE SERVICE None																													
12. MEDICAL HISTORY This 45 year old Major, Infantry, entered on active duty 10 March 1945, as a Captain. He has a record of serving in World War I, and for some years has held a reserve commission. Had a duodenal ulcer first diagnosed in 1935, confirmed by X-ray, otherwise negative, (to be continued on additional sheet).																																							
RECORD OF PHYSICAL EXAMINATION																																							
13. EYES Normal										14. COLOR VISION (NOT REQUIRED ON ANNUAL EXAM) Normal										15. REFRACTION (ON ANNUAL EXAMINATIONS STATE ONLY WHETHER DEFECT IS PROPERLY CORRECTED) MANIFEST RE LE CYCLOPLEGIC LE																			
16. VISION Normal UNCORRECTED RE 20' 20 LE 20' 20 RE 1-14 LE 1-14 CORRECTED 20' 20' 20' 20' J# J#										17. EARS (INCLUDE MEMBRANA TYMPANI) Normal										18. NOSE AND THROAT Normal																			
19. TEETH (INDICATE RESTORABLE CARIOUS TEETH BY O, NONRESTORABLE CARIOUS TEETH BY X, MISSING NATURAL TEETH BY Y, TEETH REPLACED BY DENTURE, HORIZONTAL LINE OVER X, AS XXXX AND TEETH REPLACED BY FIXED BRIDGE, OVAL TO INCLUDE ABUTMENTS, AS (X) X										20. OTHER DENTAL DEFECTS AND REMARKS None										21. PROSTHETIC DENTAL APPLIANCES Fixed bridge as indicated																			
22. FIGURE SLIMDER MEDIUM STOCKY OBSE LIGHT MEDIUM HEAVY I X										23. POSTURE EXCELLENT GOOD FAIR POOR X										24. WEIGHT (SNAKELESS) 64 3/4 INS.										25. WEIGHT (STRIPPED) 127 LBS.					26. TEMPERATURE 98.4				
27. GIRTH MEASUREMENTS (INCHES) CHEST INSPIRATION 34 EXPIRATION 32 AT UMBILICUS 26 1/2										28. HEART Normal										29. ARTERIES Normal																			
30. VARICOSE VEINS None										31. BLOOD PRESSURE SYSTEMIC 106 DIASTOLIC 82										32. CHARACTER OF PULSE Full & Regular										33. PULSE RATE SITTING 70 IMMEDIATELY AFTER EXERCISE 90 TWO MINUTES AFTER EXERCISE 75									
34. RESPIRATORY SYSTEM Normal										35. CHEST X-RAY 7 September 1945, Chest negative										36. BONES, JOINTS, MUSCLES Normal																			
37. SKIN AND LYMPHATICS Healed rt rectus scar										38. ENDOCRINE SYSTEM Normal										39. HERNIA Normal																			
40. FEET Normal										41. ABDOMINAL WALL AND VISCERA Normal										42. PELVIC (WOMEN ONLY) Normal																			
43. ANUS AND RECTUM None										44. GENITO-URINARY Normal										45. PSYCHIATRIC Anxiety state, mild																			
46. NEUROLOGICAL Normal										47. URINALYSIS SP. GR. 1.014 ALB. Neg SUGAR Neg MICROSCOPIC Neg										48. OTHER LABORATORY PROCEDURES Stool examination positive for occult blood, 3 Sept 45																			
49. LABORATORY PROCEDURES KUMI WASSERMANN Negative										50. LABORATORY PROCEDURES KUMI WASSERMANN Negative										51. LABORATORY PROCEDURES KUMI WASSERMANN Negative																			

WD AGO Form 63
1 JAN 1944

For women examinees include menstrual history and date of last menstrual period.
When indicated.
If examinee is not recommended for appointment in R.A., because of malocclusion, and plaster models to S. G. O.
Required for candidates for commission or extended active duty, and on terminal physical examination; otherwise as indicated.

EXHIBIT "K"

16-43800-1

REPORT OF PHYSICAL EXAMINATION

WD AGO FORM 63 (BACK)

52. REMARKS ON ITEMS NOT SUFFICIENTLY DESCRIBED

Barium studies of upper Gastro-Intestinal tract 9-September 1945, showed very slight deformity of the duodenum, with a tiny shallow crater in the upper portion of the bulb. A second Gastro-Intestinal series taken 14 October 1945 showed a slight deformity of the duodenum but the ulcer had apparently healed. The officer was seen a number of times by the psychiatrist who made a diagnosis of anxiety state, mild, resulting from worry and fear of further hemorrhages from his ulcer.

1. Ulcer, chronic, recurrent, peptic of duodenum without obstruction, cause undetermined.
 2. Hemorrhage, mild, secondary to #1, 1 September 1945, Clinton, Iowa, cured.
 3. Anxiety state, mild, secondary to #2, improved.
1. Disabling, EPTS, not permanently aggravated by the service.
 2. Not disabling.
 3. Not disabling.

SUMMARY

53. CORRECTIVE MEASURES OR OTHER ACTION RECOMMENDED

Separation from service for physical disability

54. IS INDIVIDUAL PERMANENTLY INCAPACITATED FOR				55. IF INCAPACITATED FOR GENERAL OR LIMITED SERVICE STATE REASON	
GENERAL SERVICE		LIMITED SERVICE		See diagnosis #1, Item 52	
YES X	NO	YES X	NO		
56. APPOINTMENT IS				57. IF APPOINTMENT IS NOT RECOMMENDED, STATE REASON	
RECOMMENDED		RECOMMENDED WITH MINOR DEFECTS		NOT RECOMMENDED	
58. ACCORDING TO EXAMINEE'S STATEMENT IS ONE DRAWING A PENSION, DISABILITY ALLOWANCE OR OTHER COMPENSATION OR RETIRED PAY FROM THE U.S. GOVERNMENT?				YES	NO X
59. ACCORDING TO EXAMINEE'S STATEMENT HAS ONE EVER BEEN DISQUALIFIED FOR MILITARY SERVICE OR SEPARATED THEREFROM FOR PHYSICAL DISABILITY, OR BEEN REFUSED LIFE INSURANCE?				YES	NO X
62. DATE OF EXAMINATION 28 Oct 45		61. TYPED NAME AND GRADE Paul A. Betans, Maj		64. SIGNATURE (SIGN ORIGINAL ONLY) <i>Paul A. Betans</i>	
63. PLACE OF EXAMINATION Schick General Hospital Clinton, Iowa		65. TYPED NAME AND GRADE Robert C. Smith, Jr., Maj		67. SIGNATURE (SIGN ORIGINAL ONLY) <i>Robert C. Smith Jr.</i>	
		66. TYPED NAME AND GRADE		68. SIGNATURE (SIGN ALL COPIES)	

M. DISPOSITION

70. DATE	71. REMARKS	
72. FROM		
73. TO		
74. ORGANIZATION AND ARM OR SERVICE	75. GRADE	76. SIGNATURE

1 State action taken on recommendation of board. If incapacitated for active service state whether action by retiring board is recommended.

16-48550-1

GPO

REPORT OF PHYSICAL EXAMINATION (ADDITIONAL SHEET)

Additional Sheet # 1

28 October 1945

Continued Physical Examination, WD AGO, Form #63

Re: Doe, John M. ASF, O-456203, INF.

No. 12, Medical History, continued

Family History: Father, dead, age 55, carcinoma of the stomach. Otherwise irrelevant.

Previous Personal History: Usual childhood diseases. Appendectomy, Roosevelt Hospital, Chicago, Ill., 1929. Tonsillectomy 1932. In 1935, he first noted epigastric distress, a little nausea and vomiting between meals relieved by food and milk. A gastro-intestinal x-ray series showed a duodenal ulcer and he was hospitalized at the Roosevelt Hospital, Chicago, Ill., where it was found he was having tarry stools. On medication and a dietary regime, he showed improvement in a few weeks. In 1937, he had a recurrence of his symptoms, with tarry stools, which were controlled by diet. On physical examination for appointment in 1943, he claimed that on a modified diet he had been asymptomatic for five years. X-rays at the time of his examination for appointment in 1943, were reported negative for ulcer. He was appointed for limited service with a waiver for history of duodenal ulcer, and entered on active duty 10 March 1943.

History of Present Illness: This officer was allowed to go overseas in July 1943. While in England about April 1944, he had a mild recurrence of his stomach symptoms, but by watching his diet and taking alkalies for a few weeks, his symptoms disappeared. In November 1944, he began to notice weight loss, and epigastric distress at night. He again watched his diet, on an ambulatory regime until 8 December 1944, when he had a hemorrhage and vomited blood. He was admitted to the 14th General Hospital and after a few weeks, appeared before a disposition board, found incapacitated for active service and returned to the Zone of Interior. On arrival in the United States, he was admitted to the Ballou General Hospital, where the diagnosis of duodenal ulcer was confirmed by x-ray. He appeared before a disposition board and because of being asymptomatic and his request to be allowed to remain on duty, in May 1945, he was returned to duty on a permanent limited service status within the continental United States. After a time he noticed a recurrence of his symptoms with vomiting on several occasions. On 1 September 1945, while in Clinton on leave, he vomited blood and was admitted to the Schick General Hospital the same day.

Physical Examination on 1 September 1945: Revealed a rather tense, anxious appearing individual who complained of pain in his stomach. He was nauseated and vomited "coffee-ground" material. The examination was essentially negative except for the moderate epigastric tenderness. Blood pressure was 98/60. His reflexes were increased and he was very nervous, anxious and worried over the possibility of continuing to hemorrhage.

REPORT OF PHYSICAL EXAMINATION (ADDITIONAL SHEET - CONT'D)

Heart and lungs negative and there was no rigidity or spasm of the abdomen.

Laboratory Examination: RBC 4,400,000; WBC 10,000; Hemoglobin 86%. Emesis strongly positive for occult blood. Feces also positive for occult blood, for a few days after entering the hospital. Urinalysis negative. Barium studies of upper gastro-intestinal tract September 1945, showed very slight deformity of the duodenum, with a tiny shallow crater in the upper portion of the bulb. A second gastro-intestinal series on 14 October 1945, showed a slight deformity of the duodenum but no evidence of any crater. A gastric analysis showed moderate hyperacidity. X-ray of chest negative.

Consultation: This officer was seen by the psychiatrist on a number of occasions, a diagnosis was made of anxiety state, mild, manifested by tenseness, worry, anxiety, undue concern over history of gastric hemorrhage, anorexia and insomnia. Internist made diagnosis of duodenal ulcer, chronic, recurrent, without obstruction.

Progress in Hospital: On admission given symptomatic treatment. Later started on modified Sippy diet to which the patient responded very favorably. He had no vomiting after the first few days. Alkalies, belladonna, phenobarbital and diet gave relief, and by the end of the fifth week his epigastric distress had disappeared and he was again asymptomatic. From then on, he was ambulatory and gradually began to gain weight.

Disposition Board met at the Schick General Hospital, Clinton, Iowa, 17 October 1945, and after a thorough examination of the officer and clinical records, laboratory findings and physical examination found the officer to have the following diagnoses:

- (1) Ulcer, chronic, recurrent, peptic of duodenum without obstruction, cause undetermined. Improved. LOD No. EPTS. Not permanently aggravated by military service.
- (2) Hemorrhage, mild, secondary to #1, 1 September 1945, Clinton, Iowa. Cured. LOD Yes.
- (3) Anxiety state, mild, secondary to #2, improved. LOD Yes.

Incapacitated for any type of military service by reason of recurrent active ulcer of the stomach, even when on permanent limited service, and inability to subsist on Army rations.

This officer's appearance before an Army Retiring Board was recommended.

Examination by Medical Witnesses and Conclusion: On 28 October 1945, physical examination was essentially negative. On a modified diet this officer has remained asymptomatic. He still continues to have mild anxiety, tenseness, nervousness, and is worried over the possibility of further

REPORT OF PHYSICAL EXAMINATION
(ADDITIONAL SHEET - CONT'D)

gastric hemorrhages. It is believed this officer should be separated from the military service because of the recurrence of his symptoms while in the service. It is expected that on a modified diet he may remain symptomless as he claimed he had for five years prior to entering the service in 1943. His ulcer has not been permanently aggravated by the military service. This officer is incapacitated for active service; the said incapacity is not the result of an incident of service; the cause of said incapacity is: Ulcer, chronic, recurrent, peptic of duodenum without obstruction, cause undetermined; the cause of the incapacity is not an incident of service; the said incapacity originated 1 September 1945; and said incapacity is permanent.

Paul A. Betans
PAUL A. BETANS, Major, MC

Robert C. Smith, Jr.
ROBERT C. SMITH, Jr., Major, MC

b. The officer before the board will state whom he desires to introduce as counsel, or, except in cases of mental incompetency, that he does not desire counsel. The reporter and the interpreter, if any, will be sworn by either the president or the recorder.

49. Forms of oaths for reporter and interpreter.

a. Reporter:

"You (naming him) do swear (or affirm) that you will faithfully perform the duties of reporter to this board. So help you God."

b. Interpreter:

"You (naming him) do swear (or affirm) that you will truly interpret in the case now in hearing. So help you God."

50. Continuances. A retiring board may continue a hearing on its own motion, and may continue the hearing from time to time, either at the request of the recorder, or at the request of the officer summoned before the board or his counsel, if the board deems a continuance necessary for any reason in order that a full and fair hearing may be had. Examples of appropriate reasons are: for further physical examination; to obtain reports, records and statements from other military or civilian agencies, or both, including physicians and hospitals.

51. Challenges. a. After the recorder has read the order appointing the board and has announced the name and rank of the members of the board who are present, any member of the board who is aware of any facts which he believes to be a ground for challenge against any member will state such facts. If it appears from any disclosure that a member is subject to challenge for cause and the fact is not disputed such member will be excused forthwith. The statutory right to a full and fair hearing includes the right to a hearing by an impartial board and therefore the right to challenge for cause stated to the board. The board will determine the relevancy and validity of any challenge and will not receive a challenge to more than one member at a time. Grounds for challenge are set forth by the statement of any facts indicating that the officer should not sit as a member in the interest of having the hearing and the subsequent proceedings free from substantial doubt as to legality, fairness and impartiality.

b. A challenge may be withdrawn at any time. If a challenge is not withdrawn the board will give both sides an opportunity to introduce evidence, examine the challenged member under oath, and make an argument. During deliberation and voting upon a challenge the board will be closed. The challenged member will not be present at the closed session. Upon the board being opened the president will announce whether or not the challenge had been sustained.

c. The members of medical disposition boards form and express a definite opinion with respect to certain important matters of fact which are also considered by retiring boards. Therefore, if such a member subsequently sits on a retiring board which considers the same case, he can be successfully

challenged for cause. For that reason those medical members of a retiring board who served as medical members of a disposition board which previously considered the same case should be excused in advance from participating as a member of the retiring board with respect to that case, unless no other medical members are reasonably available, and must, in any event, be removed if challenged for cause by either side.

52. Swearing the retiring board. The members of a retiring board will be sworn in every case to discharge their duties honestly and impartially. The oath is administered to the members of the board by the recorder. The following form of oath is sufficient:

"You (naming the members) do swear that you will honestly and impartially discharge your duties as members of this board in the matter now before you. So help you God."

53. Swearing the recorder. The president of the board administers the following oath to the recorder:

"You (naming him) do swear that you will, according to your best ability, accurately and impartially record the proceedings of the board and the evidence to be given in the case in hearing. So help you God."

54. Recorder.

a. It is the duty of the recorder to insure that adequate evidence is presented to the board to enable it to make accurate findings. Sufficient evidence should be introduced to indicate the basis of the diagnosis and the determination of line of duty status. Confirmatory evidence such as laboratory findings and opinions of consultants should be included when indicated.

b. To insure that adequate evidence is presented to the board the recorder will ask the following questions, as well as any others which may be appropriate, of:

(1) The officer appearing before the board:

(a) State your name, rank, serial number and organization.

(b) State the nature, duration and cause of any disability that you believe you have.

(c) Do you believe that your disability was incurred in combat with an enemy of the United States or that it resulted from an explosion of an instrumentality of war in line of duty?

(d) (If the officer answers "Yes" to the preceding question he should then be asked:) State the reasons for your conclusion.

(e) (When appropriate) When did you enter on active duty as a commissioned officer?

- (f) At the time of your entry on active duty were you placed in the status of limited service?
- (g) Do you desire a copy of the proceedings of this board?
- (h) Do you desire to be relieved from active duty? (In the case of a Regular Army officer on the active list, this question will be: "Do you desire to be retired?") Give reasons for your answer.
- (i) If the board finds that you are not qualified for general service do you desire to remain on active duty in a limited service status?
- (j) Have you examined the records in your case?
- (k) Do you desire to examine them again at this time?
- (2) The medical witnesses (With both witnesses present, the testimony of one will be sufficient if joint examination was made and joint report filed and second witness is in full agreement with the testimony of the first witness and states under oath that he has no additional testimony to offer.):
 - (a) State your name, rank, qualifications and present assignment.
 - (b) Did you personally make a physical examination of (name of officer before the board)?
 - (c) Read the report of your examination to the board. If it is a joint report, so state.
 - (d) Is (name of officer before the board) incapacitated for active service?
 - (e) (Ask this question if question (d) is answered "Yes") Is his incapacity for active service permanent?
 - (f) (When appropriate) On what date did (name of officer before the board) become permanently incapacitated for active service?
 - (g) (In those cases in which the officer before the board is suffering from one or more remediable defects which would be incapacitating if not remedied and correction thereof has not been accomplished the witness will be asked to state the reasons why correction has not been accomplished.)
 - (h) (When appropriate) State the cause or causes of (name of officer before the board)'s incapacity, that is, the disease, injury or infirmity giving rise to his incapacity.

- (i) (When appropriate) State, if you can, the date or dates of origin of the diseases, injuries or infirmities which produce his incapacity.
- (j) (When appropriate) Is the cause of the incapacity an incident of service?
- (k) (When the diseases, injuries or infirmities were not incurred in line of duty, the witness will be asked:) Has there been any permanent increase in (name of officer before the board)'s disability since that date (or those dates) and while he has been on active duty?
- (l) (Ask this question if question (k) was answered "Yes".) Have such diseases, injuries or infirmities been permanently aggravated by active service or is such additional disability due to the mere natural progress of the diseases, injuries or infirmities? State the reasons for your opinion.
- (m) (When appropriate) Is such incapacity the result of an incident of service?
- (n) Is (name of officer before the board) disqualified for permanent limited service?
- (o) (When the incapacity for general service is not permanent the witness will be asked:) Do you believe that (name of officer before the board) should be recommended for temporary limited service duty for a period not in excess of six months, to be reexamined and reevaluated at the expiration of that time?
- (p) Is further treatment, hospitalization or convalescence in this hospital, a specialized general hospital or any other medical facility indicated?
- (q) Was the incapacity of (name of officer before the board) incurred in combat with an enemy of the United States or as the result of an explosion of an instrumentality of war in line of duty? If your answer is "Yes", state the reasons for your conclusion.
- (r) (In a case involving an officer of the Regular Army who has already been retired for disability the witness will be asked.) Has (name of officer before the board) incurred an additional permanent defect or permanently aggravated a pre-existing disease, injury or infirmity while serving on active duty since (date of recall to active duty after retirement for disability)?
- (s) (Ask this question if question (r) was answered "Yes":) When was such additional disability incurred?

- (t) (Ask this question if question (r) was answered "Yes":) Does such additional disability, alone and of itself, amount to 30 per centum or more of (name of officer before the board)'s aggregate existing permanent disability?
- (u) (Ask this question if question (r) was answered "Yes":) Was such additional disability incurred in line of duty?

55. Maintenance of order. The president of a retiring board, subject to its direction, maintains order and gives the directions necessary for the regular and proper conduct of the proceedings. An Army retiring board may punish as for contempt any person who uses any menacing words, signs or gestures in its presence, or who disturbs its proceedings by any riot or disorder. See Article of War 32.

56. Procedure in general. a. The procedure of a retiring board will be assimilated as nearly as may be to the procedure before courts of inquiry. At the beginning of the hearing the officer concerned will be called to state under oath the nature and cause of any disability. The board, the recorder and counsel may orally examine him at this time or later for the purpose of making full discovery of all facts as to his condition. Neither upon such examination nor when testifying on his own behalf will he be required to answer any question the answer to which may tend to incriminate or to degrade him.

b. Before testifying each witness, including the medical officers detailed as witnesses, will be sworn by either the recorder or the president. The form of oath will be as follows:

"You (naming him) do swear (or affirm) that the evidence you shall give in the case now in hearing shall be the truth, the whole truth, and nothing but the truth. So help you God."

c. The officer appearing before the board or his counsel may introduce testimony of witnesses, depositions, and other evidence, may cross-examine witnesses, including the medical officers detailed as witnesses, examined by the board, and may testify in his own behalf if he so desires. When so testifying, he may be cross-examined as any other witness.

d. When the board is unable to determine whether a disease, injury or infirmity is permanent the officer concerned should be found not permanently incapacitated for active service. In such cases the board will recommend temporary limited service for a period not to exceed six months and make an appropriate entry in Item 34 WD AGO Form 199. This entry will include a statement of such physical restrictions as may be indicated during the period of temporary limited service, and a recommendation or reexamination and reevaluation at the end of such period.

e. It is the duty of the members of the retiring board, especially the medical members, to insure that adequate medical testimony is introduced to show whether the individual is permanently physically incapacitated for active service by reason of physical or mental disability and whether the said

disability relates to a permanent incurable disease, injury or infirmity which prevents the reasonable fulfillment of the purpose of the officer's employment both in peace and war. Clear distinction should be drawn between physical and mental defects which do not preclude doing duty and those which render the officer permanently incapacitated for active service.

f. If the medical members of the board have taken part in the physical examination of the officer concerned, examine him at the time of the hearing, or desire to express an opinion based upon their special knowledge, they shall express their views in open hearing and shall be subject to cross-examination as are other witnesses. Ordinarily evidence of the physical condition of the officer before the board will be furnished otherwise than by the medical members of the board. Where the medical officer detailed as a witness is not a specialist with respect to the pertinent disease, injury, or infirmity, such a specialist should be called as a witness by the board, if available (see par. 45).

g. Depositions taken under the circumstances stated in Article of War 25, and when duly authenticated as required by that article and Article of War 26, may be read in evidence.

57. Objections. Objections to any action taken or proposed to be taken by a retiring board, and to the admission of testimony, may be made, and when made will be recorded as a part of the proceedings. The board will cause to be noted on the record its rulings on any objections that may be offered. Objections will be ruled upon by the president of the board subject to the objection of any member. If a member objects to the president's ruling, the board will be closed and the objection passed upon by the board in closed session. The ruling of the board will be announced in open session, upon the re-opening of the board.

58. Argument. The officer appearing before the board, or his counsel, or both, may make an oral argument to the board or file a written argument, or may do both.

59. Closed sessions. a. A retiring board will close during the deliberation and voting upon the findings, interlocutory questions and challenges. Whenever the closing or opening of the board is required the president will announce such closing or opening. When the board is closed all persons except the members of the board will withdraw to another room.

b. When a retiring board makes findings at variance with the weight of the evidence (as for example, at variance with the undisputed medical testimony pertaining to medical matters, or the undisputed evidence concerning line of duty) presented at the hearing or the applicable presumptions or both, it is highly desirable that it indicate by a separate statement, which may be entered in Item 36, WD AGO Form 199, the reason for its action. This will be done so that the approving authority will be in a better position to act on the findings of the retiring board.

TESTIMONY

The officer appearing before the board was duly sworn and testified as follows:

Questions by recorder:

Q. State your name, rank, serial number and organization.

A. Major John M. Doe, O-456203, INF-AUS.

Q. State the nature, duration and cause of any disability that you believe you have.

A. In 1935 my doctor told me I had a duodenal ulcer. At that time I had some pain in the stomach, felt sick and vomited a little. X-rays were taken and showed a duodenal ulcer. I went on a diet, and then went to the hospital where more X-rays were taken, which also showed an ulcer. A few days after I went into the hospital, the pain, sickness and vomiting stopped, but I remained there a few weeks until I felt completely well. I had a little trouble in 1937, but nothing serious. Before I entered on active duty on 10 March 1943 the Army took X-rays which showed no ulcer. In July 1943, I was sent overseas to England, and felt well until about April 1944, when I had a little more trouble but in a few weeks I was well again. I felt well until late in November 1944, when the trouble started again. In December, 1944, I had my first hemorrhage in the Army. I vomited blood and had tarry stools and was hospitalized. In the hospital I responded to treatment, appeared before a board and returned to permanent limited service. I again returned to duty in May, 1945 and continued until 1 September 1945, when my symptoms became more severe. At that time I vomited blood, and was hospitalized on 1 September 1945, and have remained in the hospital since.

Q. Do you believe that your disability was incurred in combat with an enemy of the United States or that it resulted from an explosion of an instrumentality of war in line of duty?

A. No, Sir.

Q. When did you enter on active duty as a commissioned officer?

A. 10 March 1943.

Q. At the time of your entry on active duty were you placed in the status of limited service?

A. Yes, Sir.

Q. Do you desire a copy of the proceedings of this board?

A. Yes, Sir.

TESTIMONY (CONT'D)

Q. Do you desire to be relieved from active duty? Give reasons for your answer.

A. No, Sir. I volunteered my services at the beginning of the emergency and would like to remain on active duty for the duration.

Q. If the board finds that you are not qualified for general service do you desire to remain on active duty in a limited service status?

A. Yes, Sir.

Q. Have you examined the records in your case?

A. Yes, Sir, I have.

Q. Do you desire to examine them again at this time?

A. No, Sir.

The Recorder then submitted the records in the case to the board for its consideration.

Major Paul A. Betans, O-346479, MC, was duly sworn and testified as follows:

Question by the Recorder:

Q. State your name, rank, qualifications and present assignment.

A. Paul A. Betans, Major, Medical Corps. Harvard University 1935, two years internship in medicine, one year residency in internal medicine at Massachusetts General Hospital, practiced specialty of internal medicine for five years prior to entering the service. Hold certificate from The American Board of Internal Medicine; a fellow of The American College of Physicians, present assignment is Section Chief, Medical Service at the Schick General Hospital.

Q. Did you personally make a physical examination of Major John M. Doe?

A. Yes, Sir.

Q. Read the report of your examination to the board. If it is a joint report, so state.

A. This is a joint report. (Witness read Exhibit K to the board.)

Q. Is Major Doe incapacitated for active service?

A. Yes, Sir.

Q. Is his incapacity for active service permanent?

TESTIMONY (CONT'D)

A. Yes, Sir.

Q. On what date did Major Doe become permanently incapacitated for active service?

A. 1 September 1945.

Q. State the cause or causes of Major Doe's incapacity, that is, the disease, injury or infirmity giving rise to his incapacity.

A. Ulcer, chronic, recurrent, peptic of duodenum, without obstruction.

Q. It is noted this officer has two other diagnoses, namely: Anxiety state, mild, and hemorrhage, mild. Are these incapacitating defects?

A. Anxiety state and similar disorders when present only in a mild degree are not considered incapacitating for general military service. The mild hemorrhage which this officer had no longer exists and, therefore, is not considered incapacitating for active service.

Q. State, if you can, the date of origin of the disease which causes his incapacity.

A. The date of origin is unknown. It existed prior to entrance on active duty, 10 March 1943. He gives a history going back to 1935, when the duodenal ulcer was first diagnosed, and confirmed by X-ray. The ulcer was first manifested in the military service on or about 8 December 1944, at which time he had a gastric hemorrhage.

Q. Is the cause of the incapacity an incident of service?

A. No, Sir.

Q. Has there been any permanent increase in Major Doe's disability since 1935, and while he has been on active duty?

A. No, this officer has merely had recurrent temporary aggravations of his ulcer since entering on active duty, March 1943, due to his inability to subsist on Army rations. He has no obstruction, no perforation, and is now asymptomatic.

Q. Is such incapacity the result of an incident of service?

A. It is not the result of an incident of service, since his ulcer existed prior to entrance in the service in March 1943, and has not been permanently aggravated by the military service.

Q. Is Major Doe disqualified for permanent limited military service?

A. Yes, Sir. He probably could continue to do limited duty, but it is not believed advisable in view of the fact that his ulcer has become

TESTIMONY (CONT'D)

symptomatic on several occasions while on permanent limited service, and he has demonstrated his inability to subsist on Army rations.

- Q. Do you think Major Doe's ulcer is the same one he had in 1935?
- A. I expect so. An individual with an ulcer diathesis is prone to have exacerbations and remissions. I would assume it is the same ulcer he had previously.
- Q. Is further treatment, hospitalization or convalescence in this hospital, a specialized general hospital or any other medical facility indicated?
- A. No, Sir.
- Q. Was the incapacity of Major Doe incurred in combat with an enemy of the United States or as the result of an explosion of an instrumentality of war in line of duty? If your answer is "Yes", state the reasons for your conclusion.
- A. No, Sir.
- Q. Major Doe, do you or your counsel, Major Brown, desire to cross-examine this witness?

Major Doe:

- A. Yes, Sir.

Cross-examination by officer's counsel:

- Q. Even though this officer's ulcer is now asymptomatic, he has had several exacerbations and has required hospitalization for a considerable period of time since he entered the service. In a case where there has been no perforation or obstruction since entering on active duty, just what type of symptoms, degree of severity, or duration of exacerbation of such an ulcer, must an officer have in order for it to be considered that the ulcer has been permanently aggravated by military service?
- A. That can best be answered by stating that, if after a prolonged period of hospitalization, medication and dietary regime the symptoms and X-ray evidence of active ulcer do not improve or disappear, the ulcer will be considered to have been permanently aggravated by the military service.
- Q. Is hemorrhage of such an ulcer ever considered as evidence of permanent aggravation?
- A. No, Sir. When the bleeding stops and the ulcer heals, the hemorrhage would be considered cured, and the ulcer would probably return to a state of remission.

TESTIMONY (CONT'D)

- Q. How do you account for the fact that the X-rays of his stomach at the time of entrance into the service in March 1943 were reported negative?
- A. It is a well known fact that in the best clinics of this country only about 60% of the ulcers are confirmed by X-ray.
- Q. On what basis do you conclude this condition existed prior to active duty?
- A. On the basis of his history. He gives a history of pain in the epigastric region in 1935, which came on between meals and was relieved by eating or taking milk. A gastro-intestinal series was done which showed a duodenal ulcer. He was placed in a hospital, where he was found to be having tarry stools. After a few weeks on a dietary regime and medication he improved.
- Q. But he had a period of several years during which he was asymptomatic, and then at the time he entered on extended active duty he was still asymptomatic, and X-rays showed no evidence of duodenal pathology?
- A. That is correct, yes Sir.
- Q. Then he remained on active duty for a while before he broke down and again became asymptomatic and eventually showed organic pathology.
- A. Yes, Sir. He had symptoms and X-ray evidence of duodenal ulcer in 1935. When he was examined for active duty in March 1943, he was asymptomatic and X-rays of the stomach were negative. It is a known fact that only about 60% of these ulcers are confirmed by X-ray. Fluoroscopy will demonstrate a larger percentage. He came on active duty 10 March 1943, and around April of 1944, he had a mild recurrence of symptoms of duodenal ulcer, which was treated on an ambulatory regime. In December 1944, the symptoms became more severe, and now his ulcer is in remission and asymptomatic.

Officer's counsel: I have no further questions.

Questions by the Recorder:

- Q. Does any member of the board desire to question this witness?
- A. (No questions by the board)
- (Witness was excused)

Major Robert C. Smith, Jr., O-480568, MC, was duly sworn and testified as follows:

- Q. State your name, rank, qualifications and present assignment.

TESTIMONY (CONT'D)

A. Robert C. Smith, Jr., Major, Medical Corps. Cornell 1931; 18 months rotating internship Roosevelt Hospital, New York; 2 years residency in the New York Hospital; 7 years of practice limited to surgery, prior to entering the service; Certificate from American Board of Surgery; member of American College of Surgeons; present assignment, Section Chief, Surgical Service of the Schick General Hospital.

Q. Are you in full agreement with the testimony of Major Betans?

A. Yes, Sir.

Q. Do you have any additional testimony to offer?

A. No, Sir.

Q. Major Doe, do you or your counsel, Major Brown, desire to cross-examine the witness?

Major Doe:

A. No, Sir.

Q. Does any member of the board desire to question this witness?

A. (No questions by the board)

(Witness was excused.)

The Recorder stated that he had no further evidence to introduce.

President:

Q. Major Doe, do you desire to testify on your own behalf, to call witnesses, to offer dispositions or other evidence, or to present oral or written argument on any point involved in this hearing?

Officer's counsel:

A. We offer in evidence a true copy of a letter from Dr. John A. Brown, and a letter from Captain J. R. Tate, Medical Corps. Major Doe would also like to testify.

(The mentioned letters were read to the board and are attached hereto as Exhibits M and N, respectively.)

Major Doe took the stand and was reminded that he was under oath.

He stated:

TESTIMONY (CONT'D)

Before I came into the service, I was in excellent health, and since being in the service there has been an increase in the severity and frequency of these attacks complicated by hemorrhage on two occasions. I have lost some weight and do not feel as strong as I did prior to entrance into the service, even though I do not have any symptoms at the present time.

President: Does any member desire any witness recalled for additional testimony?

(No Response)

President: The board will be closed.

When the board reopened its findings were announced and the officer was informed that final action on his case would be taken by the War Department, and that he would be notified of such action by the Adjutant General:

Major Doe was advised in writing of his right to file application for pension.

The board then at 1140 o'clock proceeded to other business.

Jules M. Michael

JULES M. MICHAEL
Captain, Medical Corps
Recorder, Army Retiring Board

1 November 1945

ENTRANCE REPORT OF PHYSICAL EXAMINATION (FRONT)

REPORT OF PHYSICAL EXAMINATION

(See AR 40-100 and 40-105)

Instructions:—Unless otherwise prescribed, this form will be used for all physical examinations of officers, sergeants, or warrant officers; applicants for appointment to such in the Regular Army, National Guard, or Officers' Reserve Corps; and candidates in the Reserve Officers' Training Corps. Use typewriter if practicable. Attach photo additional sheets if required.

1. Doc. John M.
(Last name) (First name) (Middle initial) (Serial number)

2. infantry Age 43 Years of service
(Grade) (Organization and arm or service) (Nearest birthday) (Whole number only)

3. Nature of examination Appointment Component of Army AUS

4. Typhoid vaccination. No. series completed 2 Last series 19 30

5. Date of last smallpox vaccination 1917 Type of reaction Immune

6. Other vaccination or immunity tests None

7. Medical history Usual childhood diseases; appendectomy 1929; tonsillectomy 1932.
Duodenal ulcer, confirmed by x-ray 1935. Erratic stools in 1935 and 1937,
none since. Most recent x-ray negative for ulcer, symptomless for 5
years on a modified diet.

8. Eyes Normal
Distant vision: Right 20/20 correctible to 20/ by 4
(Snellen type) Left 20/20 correctible to 20/ by 4
Near vision: Right J# 1 correctible to J# by 4
(Jaeger type) Left J# 1 correctible to J# by 4
Refraction (under cycloplegic): Right Left
Color perception (red and green) normal

9. Ears Normal
Hearing (low conversational voice): Right 20/20 Left 20/20 Audiometer (percent loss): Right Left

10. Nose and throat Normal

11. Teeth: Right (Examinee's) Left
8 7 6 5 4 3 2 1 2 3 4 5 6 7 8
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16
Indicate: Restorable carious teeth by O; nonrestorable carious teeth by I; missing natural teeth by X.
Remarks, including other defects None

Prosthetic dental appliances fixed bridge, servicable Classification 1V

12. Posture Good Figure medium Frame medium
(Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

13. Temperature 98.6 Height 64 3/4 inches. Weight 140 pounds. Chest: Rest 34 inches; inspiration 35 inches; expiration 33 inches. Abdomen 30 inches.

14. Cardiovascular system: Heart Normal
Blood pressure: S. 115 D. 82 Pulse: Rate—Sitting 72 Immediately after exercise 100
Two minutes after exercise 72 Character Regular
Arteries normal Varicose veins None

15. Respiratory system normal

16. X-ray of chest Negative

17. Skin and lymphatics Firm appendectomy scar Endocrine system normal

18. Bones, joints, and muscles normal Feet normal
OFFICE OF THE SURGEON GENERAL

19. Abdominal viscera Normal

20. Hernia none Hemorrhoids none FEB 20 1943

1 Appointment, promotion, retirement, annual, active duty, special.
2 Regular Army, National Guard, Officers' Reserve Corps, Reserve Officers' Training Corps.
3 If annual physical examination, record only for past year.
4 If annual physical examination, record only distant and near vision, and state whether defect is properly corrected.
5 When indicated.
6 Not required for annual physical examination.
7 If referred for appointment in Regular Army because of neuroticism, send plastic models to the Surgeon General.
8 Required for candidates for commission.
W. D., A. G. O. Form No. 68
August 1, 1939

PHYSICALLY DISQUALIFIED

RECOMMEND WAIVER FOR REENTRY
WHILE IN SERVICE

waiver for
history of duodenal
ulcer J.D.B.

ENTRANCE REPORT OF PHYSICAL EXAMINATION (BACK)

21. Genito-urinary system normal
 22. Nervous system normal
 23. Laboratory procedures: Kahn: negative Wassermann: negative
 Urinalysis: Sp. gr. 1019 Albumin negative Sugar negative
 Microscopical (if indicated): negative
 Other laboratory procedures none
 24. Remarks on defects not sufficiently described
History of duodenal ulcer 1935, 1937. See attached letter.
No symptoms since. Gastro-intestinal x-ray series taken February 3,
1943, negative for ulcer.

25. Corrective measures, or other action recommended
Recommend the acceptance for limited service with a waiver for the
above defect.
 26. Is the individual permanently incapacitated for active service? yes, no - limited service
 If yes, specify defect See #24
 27. If applicant for appointment: Does he meet physical requirements? no Do you recommend acceptance with minor physical defects? yes If rejection is recommended, specify cause See #25
 28. Examinee states he is not drawing a pension, disability allowance, or compensation or retired pay from the U.S. Government.
 If yes, state disability _____

U.S. Army General Dispensary
 Civic Opera Building
 20 North Wacker Drive
 Chicago, Illinois
 (Place)

Joseph C. Doakes
 Joseph C. Doakes, Major MD
 (Name and grade) Corps.

Luther A. Agnew
 Luther A. Agnew, Captain, Medical Corps
 (Name and grade) Corps.

Roy B. LaMare
 Roy B. LaMare, 1st Lt., Medical Corps
 (Name and grade) Corps.

1st Ind.²

Headquarters _____
 To the Commanding General _____
 Remarks and recommendations _____

OFFICE OF THE SURGEON GENERAL
Feb 20 1943

PHYSICALLY NOT QUALIFIED

(Grade) (Occupation and age or service)
 RECOMMENDED WAIVER FOR LIMITED
 SERVICE ONLY

2d Ind.²

To The Adjutant General

¹ Reserved for candidates for nomination.

² State action taken on recommendations of the board. If incapacitated for active service, state whether action by retiring board is recommended.

ENTRANCE REPORT OF PHYSICAL EXAMINATION,
WAIVER LETTER

General Dispensary, U. S. Army
Civic Opera Building
20 North Wacker Drive
Chicago, Illinois

19 January 1943

RE: Mr. John M. Doe
32 West Street
Camden, Illinois

Dear Sirs:

This is to certify that Mr. John M. Doe of 32 West Street Camden, Illinois, has been under my care and observation since April 1935. At this time the clinical picture and x-rays taken by Dr. I. M. Goodfellow of Camden, Illinois, established a diagnosis of duodenal ulcer. This was confirmed by Dr. James Felter, Professor of Gastroenterology University of Chicago, and he was placed on an ambulatory regime. As he did not respond, he was hospitalized by me in April 1935. There was a recurrence of symptoms in January 1937, but to a milder degree. Since then he has been relatively symptom-free on modified diet.

Very sincerely yours,

John A. Brown

John A. Brown, M.D.
Camden, Illinois

This is a true copy

John M. Doe

John M. Doe.
Major, Inf.

EXHIBIT "M"

LETTER SUBMITTED BY OFFICER BEFORE THE BOARD

VAUGHAN GENERAL HOSPITAL
Hines, Ill.

26 October 1945

To Whom It May Concern:

I have known Major John M. Doe intimately for the last fifteen years as a friend, neighbor, and patient. I have been familiar with his duodenal ulcer history and visited him almost daily during his period of hospitalization for his first attack in 1935. To my knowledge, he has never exhibited any bleeding from his gastro-intestinal tract. For six years prior to his entry into the military service, I knew him to have been in excellent health and saw him almost every day during this period.

J. R. Tate

J. R. TATE
Captain, Medical Corps.

Witnessed before me 26 October 1945

M. B. True

M. B. TRUE
Major, Medical Corps.

EXHIBIT "A".

PROCEEDINGS OF ARMY RETIRING BOARD FOR OFFICERS

WD AGO FORM 199 (PAGE 1)

PROCEEDINGS OF ARMY RETIRING BOARD FOR OFFICERS				
(AR 405-250) (APPLICABLE TO AR 40-40)				
1. COVERED AT (State place of Meeting)		2. DATE OF MEETING	3. TIME OF MEETING	
Schick General Hospital, Clinton, Iowa.		1 Nov 45	1100	
THE ARMY RETIRING BOARD OR NEARLY CORPUS RETIRING BOARD NOT MINORANT TO THE ORDERS ATTACHED AS EXHIBIT A				
4. GRADE, NAME, ARMY SERIAL NUMBER, AND ARM OR SERVICE, OF MEMBERS AND RECORDERS PRESENT. (If Officer, Recorder)				
Colonel Edward E. Roan, O-495835, MC				
Lt. Colonel William J. Browne, O-6488, INF				
Lt. Colonel Donald J. Jordan, O-234826, MC				
Lt. Colonel Elson A. Briggs, O-287119, MC				
Major James J. McGintie, O-283666, QMC				
Major Lawrence L. Flynt, O-222025, CE				
Captain August Stevens, O-190560, QMC				
Recorder - Captain Jules M. Michael, O-498954, MC				
5. PROPERLY CONSTITUTED QUORUM, UNDER THE PROVISIONS OF AR 405-250, OR AR 40-20, WAS PRESENT (State Yes or No). Yes				
6. PURSUANT TO ORDERS ATTACHED AS EXHIBIT B AND LETTER OF NOTIFICATION, EXHIBIT C, THE OFFICER WHOSE CAPACITY IS BEING INQUIRED INTO APPEARED BEFORE THE BOARD OR DID NOT APPEAR BEFORE THE BOARD. (State Appeared or Did Not Appear) Appeared				
IF THE OFFICER DID NOT APPEAR, STATE AND DEVELOP IN THE ATTACHED RECORD THE FACTS THAT WILL, UNDER AR 405-250, AUTHORIZE THE BOARD TO PROCEED IN THE ABSENCE OF THE OFFICER, AND OMIT THE INAPPLICABLE PROVISIONS OF SUGGESTED ITEMS WHICH ARE BASED ON THE PRESENCE OF THE OFFICER.				
7. LAST NAME - FIRST NAME - MIDDLE INITIAL	8. ARMY SERIAL NUMBER	9. GRADE	10. ARM OR SERVICE	
Doe, John M.	O-456203	Major	Infantry	
11. MAILING ADDRESS FOR RECEIPT OF COMMUNICATIONS FROM THE ADJUTANT GENERAL			12. DATE OF BIRTH	
7900 South United Avenue, Chicago, Illinois			1 Jan 1900	
13. THE OFFICER BEFORE THE BOARD STATED HE DID NOT DESIRE COUNSEL. HE INTRODUCED AS COUNSEL (State Name of appointed Counsel). Attach Copy of Appointing Orders as EXHIBIT D. Capt. Howard R. Brown, O-223,456, MAC, the appointed counsel, was introduced as counsel				
14. THE ORDER CONVENING THE BOARD WAS THEN READ AND THE OFFICER BEFORE THE BOARD WAS ASKED IF HE HAD ANY OBJECTION TO OFFER TO ANY MEMBER PRESENT TO WHICH HE REPLIED IN THE "NEGATIVE", OR "AFFIRMATIVE". IF THE OFFICER BEFORE THE BOARD CHALLENGED ANY MEMBER FOR CAUSE, RECORDS TESTIMONY AND BOARD'S RULING ON ATTACHED SHEETS PURSUANT TO INSTRUCTIONS (Page 2) AND STATE HERE "SEE RECORD". (Type Negative or If he replied in Affirmative, type See Record). Negative				
15. THE MEMBERS OF THE BOARD, THE RECORDER, THE REPORTER, AND THE INTERPRETER (If there is one) WERE THEN DULY SWORN. THE OFFICER BEFORE THE BOARD WAS DULY SWORN, AND MADE THE FOLLOWING STATEMENT OR TESTIFIED AS SHOWN IN THE ATTACHED RECORD.				
16. THE RECORDER THEN SUBMITTED ALL RECORDS REFERRED TO THE BOARD FROM THE ADJUTANT GENERAL. THE RECORDS WERE THEN READ BY THE BOARD AND ARE ATTACHED AS EXHIBITS. (TO AGO FORM 261 - EXHIBIT E.) (TO AGO FORM 63 - EXHIBIT F.)				
17. THE RECORDER THEN SUBMITTED A COPY OF THE MEDICAL DISPOSITION BOARD PROCEEDINGS, WHICH IS ATTACHED AS EXHIBIT G				
18. PURSUANT TO ORDERS ATTACHED AS EXHIBIT H APPOINTING THEM AS MEDICAL WITNESSES THE FOLLOWING OFFICERS APPEARED BEFORE THE BOARD				
19. FIRST MEDICAL WITNESS	A. LAST NAME - FIRST NAME - MIDDLE INITIAL	B. ARMY SERIAL NUMBER	C. GRADE	D. MEDICAL COMPS
	Betans, Paul A.	O-346479	Major	MC
20. SECOND MEDICAL WITNESS	A. LAST NAME - FIRST NAME - MIDDLE INITIAL	B. ARMY SERIAL NUMBER	C. GRADE	D. MEDICAL COMPS
	Smith, Jr. Robert C.	O-480568	Major	MC
21. HAVING PREVIOUSLY EXAMINED THE OFFICER WHO IS NOW BEFORE THE BOARD, THE ABOVE MEDICAL WITNESSES FILED WITH THE BOARD THEIR WRITTEN REPORTS RECORDING THE RESULTS OF THE EXAMINATION OF THE OFFICER CONCERNING WHICH ARE APPENDED HERETO AS EXHIBITS (AND COPIES OF WHICH ARE BEING FORWARDED TO THE OFFICER BEFORE THE BOARD. (If a joint written report is prepared label EXHIBIT K).				
22. THE FIRST AND SECOND MEDICAL WITNESSES ABOVE WERE DULY SWORN AND HAVE IDENTIFIED THEIR WRITTEN REPORT(S) OF EXAMINATION THEREUPON AS FOLLOWS.				

WD AGO FORM 199

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

PROCEEDINGS OF ARMY RETIRING BOARD FOR OFFICERS WD AGO FORM 199 (PAGE 3)

THE BOARD HAS THEN CLOSED FOR DELIBERATION AND HAVING NATURALLY CONSIDERED THE CASE FINDER THAT:				
22. STATE GRADE AND NAME OF OFFICER BEFORE THE BOARD AND WHETHER HE IS OR IS NOT PERMANENTLY INCAPACITATED FOR ACTIVE SERVICE.				
Major John M. Doe is permanently incapacitated for active service.				
23. IF THE OFFICER IS PERMANENTLY INCAPACITATED FOR ACTIVE SERVICE STATE THE CAUSE OF SUCH INCAPACITY. (Column Space Blank, Injury or Infirmary). (State incapacitating defects only. If there is more than one defect indicate defects by number prefix).				
Ulcer, chronic, recurrent, peptic, of duodenum, without obstruction, cause undetermined.				
TYPE YES OR NO TO ITEMS 27 THROUGH 29				
24. APPROXIMATE DATE OF ONSET OR INCEPTION OF EACH INCAPACITATING DEFECT LISTED UNDER ITEM 23	25. DATE OFFICER BECAME INCAPACITATED FOR ACTIVE SERVICE (ENTER ONE DATE)	26. IN CAUSE OF (Disease, Injury or Infirmary) OF SUCH INCAPACITY AN INCIDENT OF SERVICE?	27. WAS THE CAUSE (ITEM 24) OF THE INCAPACITY BEEN PERMANENTLY AGGRAVATED BY MILITARY SERVICE?	28. IS SAID INCAPACITY FOR ACTIVE SERVICE THE RESULT OF AN INCIDENT OF SERVICE?
1 1935	1 1 Sept 1945	1 No	1 No	No
2		2	2	
3		3	3	
4		4	4	
THE BOARD HAS THEN OPENED AND THE PRESIDENT ANNOUNCED THE FINDINGS TO THE OFFICER BEFORE THE BOARD. A COPY OF THE RETIRING BOARD PROCEEDINGS WILL BE FURNISHED THE OFFICER BEFORE THE BOARD FOR HIS COUSAL (UPON REQUEST).				
29. THE OFFICER HAS THEN ADVISED OF HIS RIGHT TO FILE APPLICATION FOR PENSION	30. SIGNATURE OF RECORDS	31. SIGNATURE OF PRESIDENT		
32. HOUR AND DATE BOARD ADJOURNED	NAME, GRADE AND ARM OR SERVICE (Type)	NAME, GRADE AND ARM OR SERVICE (Type)		
1140 hrs. 1 Nov 45	Jules M. Michael Captain, MC	Edward E. Roan Colonel, MC		
33. RECOMMENDATIONS FOR TYPE OF SERVICE, IF ANY		34. WAS OFFICER'S DISABILITY INCURRED IN COMBAT WITH AN ENEMY OF THE U.S. OR DID IT RESULT FROM AN INSTRUMENTALITY OF WAR IN LINE OF DUTY (Yes or No)		
Unfit for any type of military service.		No		
35. LEAVE BLANK FOR SIGNATURE				
37. DATE ACTION	38. DATE ACTION	39. DATE ACTION		
FOR THE COMMANDING GENERAL, ARMY AIR FORCES	FOR THE SURGEON GENERAL	SIGNATURE		
SIGNATURE	SIGNATURE	SIGNATURE		
NAME, GRADE AND TITLE (Type)	NAME, GRADE AND TITLE (Type)	ADJUTANT GENERAL		

**PROCEEDINGS OF ARMY RETIRING BOARD FOR
OFFICERS - MINORITY REPORT
WD AGO FORM 199 (PAGE 4)**

MINORITY REPORT				
IN RE-PROCEEDINGS OF AN ARMY RETIRING BOARD RELATIVE TO THE CASE OF THE FOLLOWING OFFICER				
1. LAST NAME - FIRST NAME - MIDDLE (INITIAL) Doe, John M.	2. ARMY SERIAL NUMBER O-456203	3. GRADE Major	4. Arm or Service INF	
5. I, DO NOT THE UNDERSIGNED MEMBER(S) OF SAID BOARD, DISSENT FROM THE FINDINGS AND DECISION OF THE BOARD IN THE ABOVE ENTITLED REPORT IN THE FOLLOWING PARTICULARS: In view of the increased severity and frequency of attacks, and a hemorrhage on two occasions, believe this officer's ulcer has been permanently aggravated by the service.				
6. THE UNDERSIGNED, HAVING CAREFULLY CONSIDERED THE CASE, FIND THAT THE OFFICER BEFORE THE BOARD IS OR IS NOT INCAPACITATED FOR ACTIVE SERVICE. (State "Is" or "Is Not" incapacitated.) THE CAUSE OF SUCH INCAPACITY IS (Diagnosis). (State incapacitating defects only. If there is more than one defect indicate defects by initial prefix.) Is incapacitated. Ulcer, chronic, recurrent, peptic, of duodenum, without obstruction, cause undetermined.				
TYPE YES OR NO TO ITEMS 9 THROUGH 11				
7. APPROXIMATE DATE OF ORIGIN OR INCEPTION OF EACH INCAPACITATING DEFECT LISTED UNDER ITEM 24	8. DATE OFFICER BECAME INCAPACITATED FOR ACTIVE SERVICE (ENTER ONE DATE)	9. IS CAUSE (Disease, Injury or Infection) OF SUCH INCAPACITY AN INCIDENT OF SERVICE	10. HAS THE CAUSE (Item 9) OF THE INCAPACITY BEEN PERMANENTLY AGGRAVATED BY MILITARY SERVICE	11. IS SAID INCAPACITY FOR ACTIVE SERVICE THE RESULT OF AN INCIDENT OF SERVICE?
1 1935	1 1 Sept 1945	1 No	1 Yes	Yes
2		2	2	
3		3	3	
4		4	4	
12. SIGNATURE OF MEMBER <i>Lawrence L. Flynt</i> NAME, GRADE, ARM OR SERVICE (Type) Lawrence L. Flynt Major, CE		14. SIGNATURE OF MEMBER NAME, GRADE, ARM OR SERVICE (Type)		13. SIGNATURE OF MEMBER NAME, GRADE, ARM OR SERVICE (Type)

INSTRUCTIONS FOR ANSWERING ITEM 23, WD AGO FORM 199

THE BOARD WAS THEN CLOSED FOR DELIBERATION AND HAVING MATURELY CONSIDERED THE CASE FINDS THAT:
 23. STATE GRADE AND NAME OF OFFICER BEFORE THE BOARD AND WHETHER HE IS OR IS NOT PERMANENTLY INCAPACITATED FOR ACTIVE SERVICE.

60a. Item 23. (1) The incapacity for active service must be permanent. An incapacity for active service is permanent if its removal within a reasonable time is highly improbable. However, if a disease, injury or infirmity is curable within even a considerable time the incapacity for active service which results therefrom is not permanent. Whether a disease, injury or infirmity is curable or incurable is a question of fact which must be decided by a retiring board on the basis of the medical evidence produced at the hearing. Ordinarily officers will not appear before a retiring board until they have received adequate medical treatment, thus medical witnesses may be expected to express the opinion in many cases that a disease, injury or infirmity which has not been cured by the time of the hearing and will not be cured within approximately a year, is incurable within a reasonable time.

(2) Subject to the exceptions stated in (3), (4), and (5) below, an officer is permanently incapacitated for active service when he becomes permanently physically or mentally incapacitated for the performance of full military duty, field as well as garrison, in both peace and war. The fact that an officer may be capable of performing limited military service with the supply arms and services does not prevent a finding that he is incapacitated for active service. With respect to such an officer active service means general service. In considering such a case retiring boards will give due regard to the provisions of Army Regulations 40-100 and 40-105 which set forth the physical standards for the commission and appointment of commissioned officers, warrant officers and flight officers for general military service. However, the mentioned regulations will not be as strictly interpreted as for appointment or entrance on active duty. (Thus officers may be found capable of performing active (general) service even though they have diseases, injuries or infirmities which would disqualify them for original appointment, provided such diseases, injuries or infirmities are of such a nature and degree as not to affect adversely the performance of active (general) service (including oversea duty) considering the individual's age, grade, branch and military occupational speciality. Appropriate consideration will also be given to a record of satisfactory performance of general service over a reasonable period of time.)

(3) An officer placed in the administrative status of permanent limited service when he entered on active duty, is permanently incapacitated for active service if he thereafter sustains a permanent disability as the result of a new disease, injury or infirmity of such a degree as would be of itself incapacitating for active (general) service.

(4) An officer placed in the administrative status of permanent limited service when he entered on active duty, is permanently incapacitated for active service if he thereafter sustains permanent additional disability as the result of the aggravation or natural progress of his existing disease, injury or infirmity.

(5) Officers placed in the administrative status of permanent limited service subsequent to their entry on active duty because of a disability which the retiring board determines was not an incident of service are permanently incapacitated for active service if they thereafter sustain permanent additional disability by reason of the aggravation or natural progress of such disability or the sustaining of a new disability which in itself is permanently incapacitating for active service.

(6) Whether an officer is permanently incapacitated for active service, within the various meanings above set forth, is a question of fact which must be determined in a particular case upon the evidence presented.

(7) In those cases where the evidence does not substantiate physical disability and it is believed that the officer's complaints are due only to maladjustment or his inability to cope with the responsibilities of being an officer in various situations in the military service, the retiring board should make a finding in substance as follows: "Is not incapacitated for active service, no disease. Simple maladjustment - officer temperamentally unfit for active service, recommend return to duty with a view of being separated by reclassification procedures pursuant to AR 605-230."

INSTRUCTIONS FOR ANSWERING ITEM 24, WD AGO FORM 199

24. IF THE OFFICER IS PERMANENTLY INCAPACITATED FOR ACTIVE SERVICE STATE THE CAUSE OF SUCH INCAPACITY. (Cause Means Disease, Injury or Infirmary). (State incapacitating defects only. If there is more than one defect indicate defects by number prefix).

60b. Item 24. (1) If an officer is found to be permanently incapacitated for active service, the cause of such incapacity will be entered in this Item. Cause means the permanent incurable diseases, injuries or infirmities which render the individual permanently incapacitated for active service. The official name or diagnosis of such diseases, injuries or infirmities and the degree of severity of each will be used in completing this Item. Only those physical or mental defects or conditions which standing alone would produce an incapacity for active service will be entered in Item 24.

(2) For proper nomenclature of diagnosis see Army Regulations 40-1025. Statements such as "shortness of breath", "weakness", "pain over the heart", "incapacity to drill, march or hike" and "dizzy spells" merely indicate symptoms without indicating the cause thereof and will not be used.

(3) Diseases, injuries and infirmities which are inconsequential or mild degrees of defects such as psychoneurosis, hypertension, arteriosclerosis, arthritis, sacro-iliac strain, allergic manifestations, dermatitis and comparable disorders, are not incapacitating for active service and will not be entered in this Item.

(4) In recording the cause or causes of incapacity for active service adequate data will be included to show why the individual is considered incapacitated for active service. Thus for example, in the case of an officer incapacitated because of "residuals of fracture, left femur, middle third," deformity, if present, percentage of limitation of motion of the leg, weakness of the leg, muscle atrophy, pain in walking, etc. will be stated.

INSTRUCTIONS FOR ANSWERING ITEM 25, WD AGO FORM 199

25.	APPROXIMATE DATE OF ORIGIN OR INCEPTION OF EACH INCAPACITATING DEFECT LISTED UNDER ITEM 24
1	
2	
3	
4	

60c. Item 25. The dates of origin or inception of each of the diseases, injuries or infirmities listed under Item 24 will be entered in Item 25. A disease, injury or infirmity is the cause of incapacity, while the incapacity itself is a condition produced by the disease, injury or infirmity. Thus the dates of origin or inception of diseases, injuries or infirmities are not necessarily the same as the date when such diseases, injuries or infirmities produced a condition of incapacity for active service. In certain instances, such as battle casualties, injuries and many acute diseases, the exact date of origin or inception of the disease, injury or infirmity can be stated. In other instances, because of insidious onset, slow progress of the disease or infirmity, and length of time which normally elapses before symptoms become manifest, it will be necessary to determine the approximate date of origin or inception on the basis of well established and currently accepted medical principles and the presumption in favor of service origin. Where approximate dates cannot be fixed, the board should state, in cases involving individuals who are not officers of the Regular Army, whether the diseases, injuries or infirmities had their inception or origin prior or subsequent to the date the officer entered upon this tour of active duty in his present military status. In such cases involving commissioned officers or warrant officers of the Regular Army the board should state whether the diseases, injuries or infirmities had their inception or origin prior or subsequent to the date the individual concerned entered on active military service of the United States in any capacity.

INSTRUCTIONS FOR ANSWERING ITEM 26, WD AGO FORM 199

26. DATE OFFICER BECAME INCAPACITATED FOR ACTIVE SERVICE (ENTER ONE DATE)

60d. Item 26. (1) The date that the officer before the board became incapacitated for active duty, as defined below, will be entered in Item 26. Only one date will be entered.

(2) The date to be entered in Item 26 must not be confused with the date or dates entered in Item 25. The date when a disease, injury or infirmity produces a condition of incapacity for active service is not necessarily the same as the date on which such disease, injury or infirmity originated or had its inception.

(3) The date an officer became incapacitated for active service is the date the condition of incapacity for active service, as defined below, commenced. It may be that an officer became incapacitated for active service prior to being placed in a status of sick in quarters or sick in hospital or even prior to entering on active duty. Normally, however, the date an officer became incapacitated for active service will be the date upon which his status changed to sick in hospital or sick in quarters.

(4) Subject to the exceptions stated below the date of incapacity for active service will be the date an officer becomes permanently physically or mentally incapacitated for the reasonable performance of full military duty, field as well as garrison, in both peace and war.

(5) In the case of an officer who was placed in the administrative status of permanent limited service when he entered on active duty and thereafter sustained a permanent additional disability, as the result of a new disease, injury or infirmity of such a degree as would be of itself incapacitating for an officer not on limited service or as the result of the aggravation or natural progress of his existing disease, injury or infirmity, the date of incapacity for active service will be the date such permanent additional disability commenced.

(6) In the case of an officer who was placed in the administrative status of permanent limited service subsequent to his entry on active duty because of a disability which the retiring board determines was not an incident of service, and thereafter sustains permanent additional disability, by reason of the aggravation or natural progress of such disability or by reason of the sustaining of a new disability which in itself would be incapacitating for an officer not on limited service, the date of incapacity for active service will be the date such permanent additional disability commenced.

INSTRUCTIONS FOR ANSWERING ITEM 27, WD AGO FORM 199

27.	IS CAUSE (Disease, Injury or Infirmary) OF SUCH INCAPACITY AN INCIDENT OF SERVICE?
1	
2	
3	
4	

60e. Item 27. The cause of a permanent incapacity for active service, that is the disease, injury or infirmity, will be presumed to be an incident of service unless it is established beyond a reasonable doubt that it:

(1) Occurred under circumstances indicating the individual's misconduct or wilful neglect and it is established that such misconduct or wilful neglect was the proximate cause of the incapacity.

(2) Occurred while the individual was absent from duty without official permission.

(3) Occurred as the result of the individual's outside activities, not of a class authorized or encouraged by the War Department.

(4) Existed prior to the individual's entry upon active military service.

INSTRUCTIONS FOR ANSWERING ITEM 28, WD AGO FORM 199

28.	HAS THE CAUSE (Item 24) OF THE INCAPACITY BEEN PERMANENTLY AGGRAVATED BY MILITARY SERVICE
1	
2	
3	
4	

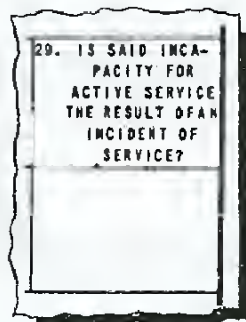
60f. Item 28. (1) Consider only those diseases, injuries or infirmities listed in Item 24 which were answered No in Item 27.

(2) Distinction should be drawn between aggravation by military service and the normal course or progression of the disease, injury or infirmity which might just as well have occurred in civil life as in the Army. Ordinarily, natural progression while in military service will not be considered as aggravation by military service.

(3) A disease, injury or infirmity which results in a permanent incapacity for active service, as defined in paragraph 60a, and which the retiring board finds to have existed prior to entry on active duty, will be presumed to have been permanently aggravated by military service unless it is established beyond a reasonable doubt that no such permanent aggravation occurred.

(4) If the board determines that a disease, injury or infirmity listed in Item 24, which was answered No in Item 27 for some reason other than that it existed prior to entry on active duty, has thereafter produced additional disability it will be presumed that such additional disability was due to permanent aggravation by military service unless the contrary is established beyond a reasonable doubt.

INSTRUCTIONS FOR ANSWERING ITEM 29, WD AGO FORM 199



29. IS SAID INCA-
PACITY FOR
ACTIVE SERVICE
THE RESULT OF AN
INCIDENT OF
SERVICE?

60g. Item 29. If either Item 27 or Item 28 is answered Yes, Item 29 will be answered Yes. If both Items 27 and 28 are answered No, Item 29 will be answered No.

INSTRUCTIONS FOR ANSWERING ITEM 34, WD AGO FORM 199

34. RECOMMENDATIONS FOR TYPE OF SERVICE, IF ANY:
--

60h. Item 34. (1) When a retiring board is of the opinion that an officer appearing before it is capable of performing limited service, the board is authorized to recommend that he be considered for a limited service assignment. Such recommendation will be stated in Item 34.

(2) An officer is capable of performing limited service if he is physically fit for certain types of active military assignment commensurate with his physical condition even though he is disqualified under current physical standards for general military service.

(3) The recommendation of a retiring board that an officer be considered for a limited service assignment is not inconsistent with a finding of incapacity for active service and does not preclude his retirement or certification for retirement pay.

(4) When an officer in the status of permanent limited service is found by a retiring board to be not incapacitated for active service the board will, except in those cases where it believes that the officer concerned is qualified for general service, recommend that he be continued in the status of permanent limited service.

INSTRUCTIONS FOR ANSWERING ITEM 36, WD AGO FORM 199



36. LEAVE BLANK FOR 880

60i. Item 36. (1) Army retiring boards will not make an entry in Item 36 unless they are considering a case involving section 4 of the act of 29 June 1943 (see paragraph 33e), which relates only to officers of the Regular Army who have already been placed on the retired list by reason of physical disability. The benefits afforded by that section are available only to officers otherwise qualified who 1 incur additional permanent disability incident to active service under a temporary appointment in a grade higher than their grade on the retired list, such additional disability being due either to a new disease, injury or infirmity, or the aggravation, by reason of such service of a preexisting disease, injury or infirmity, and 2 whose additional permanent disability constitutes not less than 30 per centum of the aggregate existing permanent disability of the officer concerned. In a case involving section 4 of the act of 29 June 1943 a retiring board will not answer Items 25 to 29 inclusive but instead will state in Item 36 that the officer concerned has been retired previously for physical disability and whether he incurred additional permanent disability in line of duty thereafter while serving under a temporary appointment in a higher grade, whether such additional disability is thirty per centum, or more, permanent, and the date on which he incurred the additional disability.

(2) When a retiring board makes findings at variance with the weight of the evidence (as for example, at variance with the undisputed medical testimony pertaining to medical matters, or the undisputed evidence concerning line of duty) presented at the hearing or the applicable presumptions or both, it is highly desirable that it indicates by a separate statement, which may be entered in Item 36, WD AGO Form 199, the reason for its action. This will be done so that the approving authority will be in a better position to act on the findings of the retiring board.

61. Minority Report. a. In the event that one or more members of a retiring board disagree with the majority they will submit separate minority findings using page 4 of WD AGO Form 199.

b. Such minority findings may be of assistance to the approving authority in determining whether the findings made by the majority of the retiring board should be approved or disapproved. Minority findings raise no presumption of error in the findings of the board and, being merely advisory, require neither approval nor disapproval. Although it may be considered for the purpose of determining whether the report of the board should be approved or disapproved, a minority report cannot be approved as the report of the board.

c. A member of a retiring board who does not concede that a permanent incapacity exists, may make the finding of the majority of the retiring board that it does exist a basis for voting in favor of a finding that the incapacity found by the board was or was not an incident of service, and even the submission of a minority report on the question of the existence of the incapacity does not alter this conclusion. Thus, of a board composed of five members, members A, B and C may find that a permanent incapacity for active service exists and members D and E reach a contrary conclusion. Thereafter, members C, D, and E may find that the permanent incapacity for active service is the result of an incident of service and members A and B reach a contrary conclusion. Members D and E may file a minority report with respect to the question of incapacity and members A and B may file a minority report on the question of incident of service.

62. Action subsequent to findings. When a retiring board has made its findings it will inform the officer concerned of the findings in his case, that such findings are not final until approved, and that he will be notified of final action by The Adjutant General. The board may change, modify or correct its findings, and recommendation as to type of service, at any time before the proceedings are transmitted to The Adjutant General.

63. Completion of retiring board action. a. After the hearing the reporter will:

- (1) Complete WD AGO Form 199 and have it signed by the President and the recorder. Items 1, 2, 7, 8, 9, 10, 11, 12, 19 and 20 may in most instances be answered prior to the hearing.
- (2) Transcribe the testimony, proof-read transcription and have it signed by the recorder.
- (3) Assemble board proceedings.

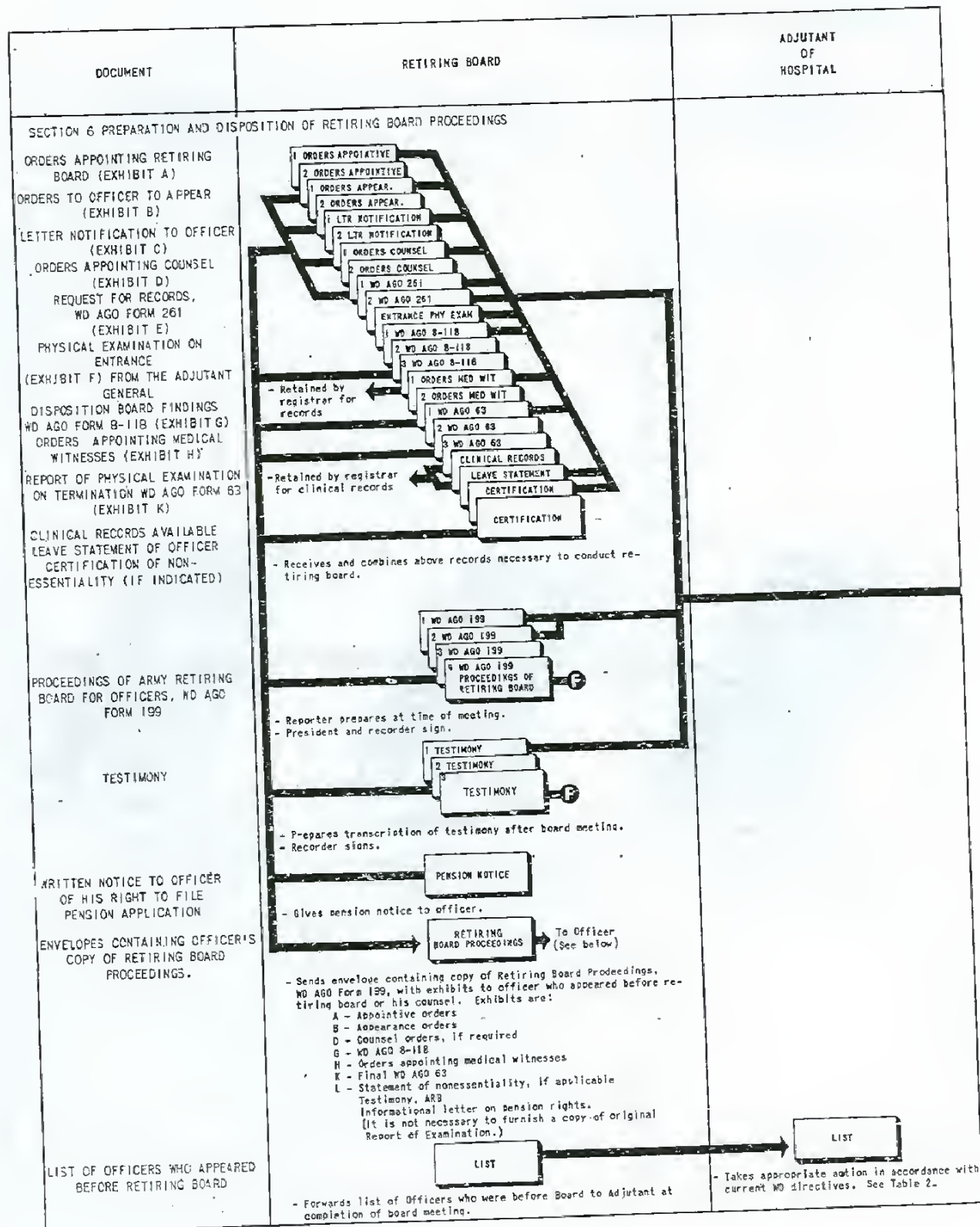
b. The board will forthwith transmit its proceedings and findings, together with all testimony taken by the board and records and papers viewed by it in connection with the hearing, direct to The Adjutant General through The Surgeon General. In cases of officers of the Army Air Forces, including arms and services with the Army Air Forces, the above papers will be transmitted through the Commanding General, Army Air Forces, and The Surgeon General, in turn, to The Adjutant General. Only the original copy of the proceedings will

be transmitted to The Adjutant General.

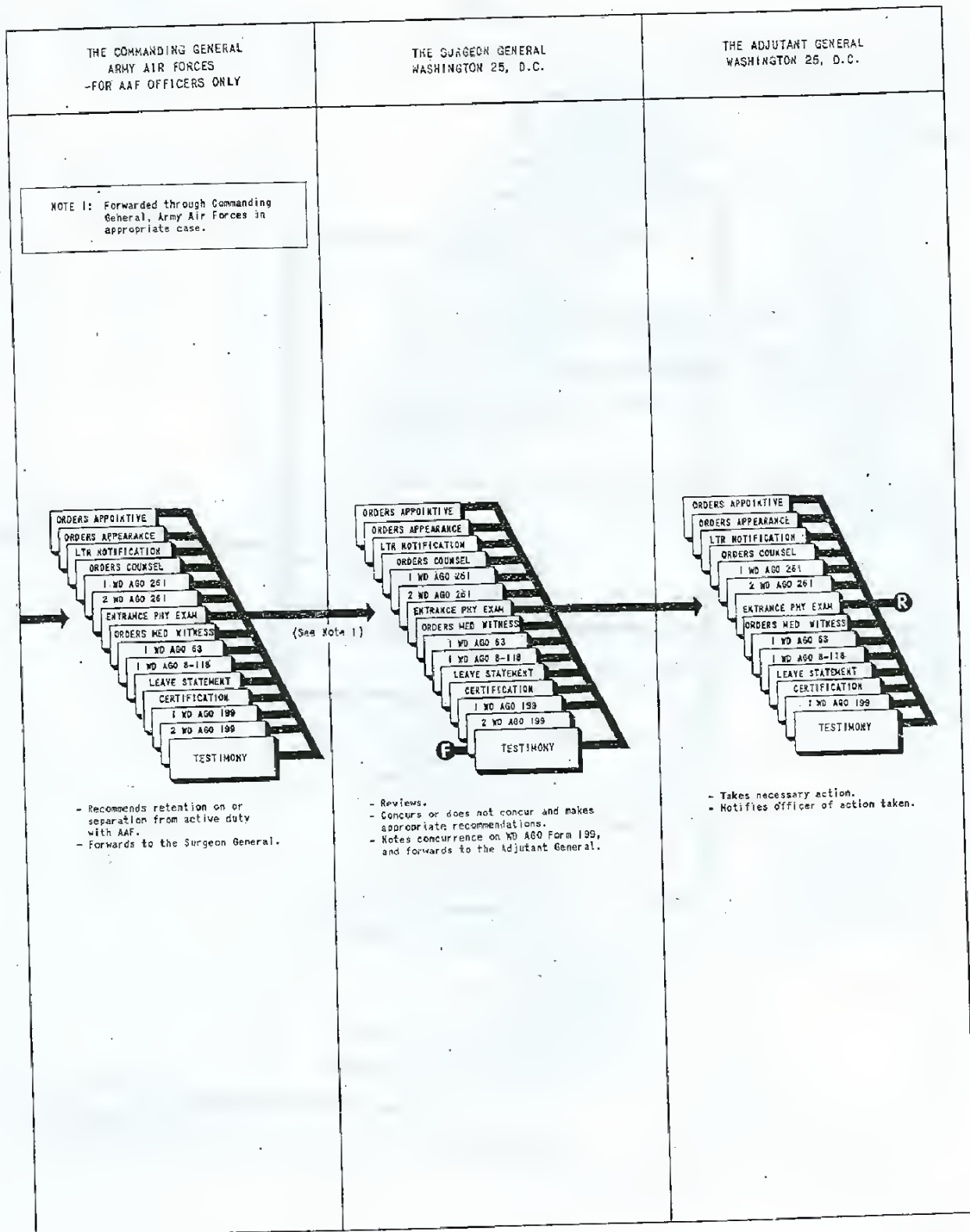
c. The proceedings of a retiring board will be dispatched by the most expeditious means possible so that the approving authority can act while the officer concerned is on terminal leave. In no case will the proceedings be dispatched later than the third day after the board met. No letter of transmittal nor list of exhibits is necessary.

d. A retiring board which meets outside the limits of the forty-eight states and the District of Columbia will comply with the foregoing instructions except that it will forward its proceedings and findings, together with all testimony taken by the board and all records and papers viewed by it in connection with the hearing through the commander of the department or force who, before forwarding, will cause the record to be reviewed and any errors or omissions to be corrected by the board. He will also, in cases in which the findings show that the officer will probably pass from the active to the retired list, include a statement of the desire of the officer as to the place of effectiveness of his change of status. See paragraph 20, Army Regulations 605-245, 17 June 1941.

PREPARATION AND DISPOSITION OF



RETIRING BOARD PROCEEDINGS



NOTICE TO OFFICER CONCERNING VETERAN'S BENEFITS AND RESTRICTIONS ON ACTIVITIES (FRONT)

ARMY SERVICE FORCES

Schick General Hospital

Clinton, Iowa

1 Nov 1945

SUBJECT: Pension for disability

TO: Major John M. Doe, Inf.

1. Section 104 of the Servicemen's Readjustment Act of 1944, provides in pertinent part:

"* * * no person shall be discharged or released from active service on account of disability until and unless he has executed a claim for compensation, pension, or hospitalization, to be filed with the Veterans' Administration or has signed a statement that he has had explained to him the right to file such claim: Provided, That this section shall not preclude immediate transfer to a veterans' facility for necessary hospital care, nor preclude the discharge of any person who refuses to sign such claim or statement: And provided further, That refusal or failure to file a claim shall be without prejudice to any right the veteran may subsequently assert."

2. You have the right to file an application (V.A. Form No. 526) for disability pension with the Veterans' Administration irrespective of your entitlement to retirement pay. It is advisable to file such application prior to your separation or release from active duty as the necessary clinical and related records are now readily available for transmission to the Veterans' Administration.

✓ 3. The "line of duty" finding of the War Department is not binding on the Veterans' Administration in determining pension and other rights under the law administered by it, except as indicated in 4 below.

✓ 4. The findings of the War Department are binding with respect to entitlement to retirement pay even though such payments of retirement pay are made by the Veterans' Administration.

5. Under the laws administered by the Veterans' Administration, pensions for disability incurred, or aggravated by service, in World War II, are payable, without regard to grade, at monthly rates ranging from \$11.50 to \$115, with rates up to \$265 for certain disabilities.

NOTICE TO OFFICER CONCERNING VETERAN'S BENEFITS AND RESTRICTIONS ON ACTIVITIES (BACK)

6. Since the War Department certifies the retirement pay to which an officer is entitled on the basis of three quarters of his active duty pay, monthly pension benefits may exceed retirement pay particularly in those cases in which the officer has a severe disability.

7. If an officer files an application for disability pension, the Veterans' Administration adjudicates the claim and notifies the officer relative thereto including the monthly pension rate in event it is determined he is entitled to a pension. In the event the War Department has certified the officer to the Veterans' Administration for retirement pay, the latter agency will inform the officer as to his right to elect to receive retirement pay or disability pension.

8. A retired officer of the Regular Army may elect to receive a disability pension in lieu of retired pay without resigning from the Army (act of 27 May 1944; 38 U.S.C. 26c).

9. Section 212 of the act of 30 June 1932 (5 U.S.C. 59a) places certain limitations on the amount of retired or retirement pay that a person may receive while holding an appointive or elective civilian office or position with the Federal Government, the government of the District of Columbia, or any corporation, the majority of the stock of which is owned by the United States, except that such limitations do not apply to retired or retirement pay for disabilities incurred in combat with an enemy of the United States or for disabilities resulting from an explosion of an instrumentality of war in line of duty.

10. There is no limitation as to the amount of disability pension an officer may receive while holding a civilian office or position.

11. Disability pension awards are subject to review by the Veterans' Administration and may be adjusted in accordance with increases or decreases in the officer's disability.

12. If you file an application for pension, the Veterans' Administration regional office nearest your home will have jurisdiction of your claim, and any correspondence relative thereto should be addressed to such regional office and not to the War Department or any agency thereof.

13. This information is furnished to you pursuant to the provisions of paragraph 2, Circular No. 474, War Department, 18 December 1944.

Benjamin M. Symmes
BENJAMIN M. SYMMES
Colonel, MC
President, Army Retiring Board

**SAMPLE LETTER OF NON CONCURRENCE
OF THE SURGEON GENERAL INCLOSED WITH A REQUEST
FOR A RECONVENED ARMY RETIRING BOARD**

1st Ind

Office of The Surgeon General, Washington 25, D. C. 25 July 1945

To: The Adjutant General, Officer's Branch.

1. This office does not concur in the findings of the Army Retiring Board convened at the Percy Jones General Hospital, Battle Creek, Michigan, 10 July 1945, in the case of Captain John Jones, O.12345, INF-AUS.

2. The board has found this officer incapacitated for active duty by reason of: (1) Pes planus, third degree, bilateral, symptomatic; (2) metatarsalgia, severe, bilateral; (3) psychoneurosis, moderate, improved; that said incapacity is the result of an incident of service by reason of permanent aggravation; that the cause of said incapacity is the result of an incident of service by reason of permanent aggravation; that said incapacity originated August 1944, and that defects 1 and 2 are permanent and 3 is not permanent.

3. The findings of the board are inconsistent in that it has found the causes of the incapacity originated in the service and have been permanently aggravated by the service. With reference to this case, if the retiring board finds the officer's disease, injury or infirmity existed prior to his entry on active duty and has been permanently aggravated, then the cause of said incapacity is not an incident of service since the cause (disease) originated prior to entrance on active duty, but the incapacity is the result of an incident of service due to permanent aggravation of the disease (Cause). Further, if the board finds the cause of the incapacity (disease, injury or infirmity) originated subsequent to entrance on active duty, then the cause of said incapacity is an incident of service and the incapacity is the result of an incident of service.

4. A review of the record reveals that this officer entered upon active duty 8 December 1943, and that his pes planus was present prior to entrance on active duty as shown on WD AGO Form 63, dated 17 October 1943, which is prior to time of entrance on extended active duty. The history, Item 7, states that this officer has had painful feet for the past ten years. Also the presence of callosities under the first and second metatarsal heads and pes planus, second degree bilateral were noted. In view of the subject officer's medical history and physical findings at the time of examination for extended active duty and the fact that pes planus is considered to be a congenital defect which is prone to become symptomatic on prolonged standing or walking, it is the opinion of this office that cause No. 1 (pes

**SAMPLE LETTER OF NON CONCURRENCE
OF THE SURGEON GENERAL INCLOSED WITH A REQUEST
FOR A RECONVENED RETIRING BOARD (CONT'D)**

planus) of the incapacity is not an incident of service; that it originated prior to 8 December 1943; that it was not permanently aggravated by the service; since it will again become asymptomatic with a period of rest and corrective exercises. The metatarsalgia can be definitely attributed to this officer's pes planus, with a history of painful feet for ten years, and the presence of callosities before he came on active duty. It is therefore the opinion of this office that cause No. 2 (Metatarsalgia) of the incapacity is not an incident of service, and that it has not been permanently aggravated by service, since this present exacerbation will quiet down as similar ones have during the past ten years. With regard to cause No. 3 (psychoneurosis) of the incapacity, this officer has given a lifelong history of depression, tension, and complaints of his painful feet whenever the situation became unfavorable to himself. It is, therefore, the opinion of this office that this condition is situational and that it existed prior to his entrance on active duty. The board cannot find a defect incapacitating for active service and at the same time find it not permanent since a defect to fall within the provisions of AR 605-250, must be of permanently incapacitating character. In view of this officer's improvement and the board finding this defect is not permanent, it is the opinion of this office that the psychoneurosis should be considered not incapacitating and that this diagnosis should be deleted from the list of incapacitating defects recorded by the board.

5. Recommend that the record be returned to the board for reconsideration and clarification of its findings.

FOR THE SURGEON GENERAL:

J. F. Lyons

J. F. LYONS
Colonel, MC
Assistant

CHAPTER 6

RECONVENED RETIRING BOARDS

64. Legal background. a. Prior to action by the approving authority, the proceedings of a legally constituted retiring board may be returned to the same board for further investigation, for reconsideration of its findings, correction of errors, or for any of various other reasons. Without endeavoring to list all of the reasons for which such action properly may be taken, it may be noted by way of example that retiring board proceedings may be returned to the board for reconsideration, prior to approval or disapproval by the appropriate authority, when The Surgeon General does not concur as to medical aspects of the findings, when an essential finding has been omitted by the board, when the findings are ambiguous in character, or when the proper authority obtains information, from any source other than the record of the initial proceedings, indicating that the officer concerned no longer is incapacitated for active service.

b. When the proceedings of a retiring board are returned to the same board for reconsideration of its findings prior to the final approval thereof, and the board upon reconsideration makes new and different findings, the new findings constitute the only findings of the board in the case and the approving authority cannot thereafter take action upon the original findings.

c. When the proceedings of a retiring board are returned to the same board for further action, the board then convened is legally constituted although not composed of the same members who were appointed or participated initially, provided it fulfills the requirements of a quorum and is otherwise legally constituted. However, when proceedings are returned because the board which originally heard the evidence and made findings was illegally constituted, a complete new hearing must in every such case be accomplished by a board composed of officers who were not members of the original board.

d. Upon consideration of a particular case by a second retiring board, the findings and proceedings of the first board, if it was legally constituted, properly may be considered as a part of the medical history of the individual concerned, but the findings of the first board in such case are entitled only to such weight as the second board sees fit to give them upon a consideration of the evidence as a whole.

65. Procedure. a. When the proceedings of a retiring board are returned to it for the purpose of correcting a matter of form, as for example clerical errors or oversights, no notice of any meeting of the board need be given to the officer concerned. When the proceedings are returned for any purpose involving a reconsideration of the existing evidence or any new evidence, the retiring board will give proper notice of the intended hearing to the officer concerned and he will be entitled to all rights in connection with such hearing as he possessed with respect to the original hearing.

1 OCT 45

b. An opinion of The Surgeon General which does not concur as to the medical aspect of the findings of a retiring board, or a determination of competent authority which reaches a different conclusion with respect to line of duty status, will be regarded by a retiring board as new evidence. Such new evidence is entitled to serious consideration but it does not relieve the reconvened board of the necessity of exercising its independent judgment based on the law and the entire record before it.

c. The notice of hearing sent to the officer concerned will include a copy of any available new documentary evidence which the reconvened board intends to consider or such evidence will be otherwise made available for his inspection. The findings of a reconvened board will be entered on WD AGO Form 199.



PART III

Procedure subsequent

to Army Retiring Board Actions.



CHAPTER 7

DISPOSITION OF OFFICERS SUBSEQUENT TO APPEARANCE
BEFORE AN ARMY RETIRING BOARD

66. Found fit for general service or recommended for temporary limited service duty (AGF and ASF). Upon completion of the proceedings of an Army retiring board which finds an officer fit for general service or recommended for retention on temporary limited service in the case of officers under the command jurisdiction of the Commanding Generals, Army Ground Forces and Army Service Forces, the officer will remain on a patient status in the medical facility pending final action by the War Department on the Army retiring board proceedings. Instructions relative to assigning the officer or relieving him from active duty will be issued by The Adjutant General.

67. Found fit for general service or recommended for temporary limited service duty (AAF). Upon completion of the proceedings of an Army retiring board which finds an officer fit for general service or recommended for retention on temporary limited service in the case of an officer under the command jurisdiction of the Commanding General, Army Air Forces, the officer will be ordered by the commander named in paragraph 15 to a station of duty in accordance with instructions issued by the Commanding General, Army Air Forces, pending final action by the War Department.

68. Recommended for permanent limited service duty. Regardless of the recommendation of an Army retiring board an officer will not be retained on active duty in a permanent limited service status unless his services are certified as essential as provided in paragraph 16. If certification has been previously secured that services of the officer are not essential further certification will not be required. In the latter case an officer will be ordered by the commander named in paragraph 15 to his home on terminal leave to be relieved from active duty subsequent thereto, except in case of an officer of the Regular Army, an Army nurse, dietitian or physical therapist, who will remain on a patient status pending issuance of orders by The Adjutant General.

69. Recommended for permanent limited service duty after disposition board has previously recommended retirement. Upon completion of proceedings of an Army retiring board recommending retention of the officer on permanent limited service after disposition board has previously recommended retirement, the officer has stated that he desires to remain on active duty in a permanent limited service status, and a certification as to essentiality has not been made the following procedure will govern:

a. In the case of officer personnel under the command jurisdiction of the Commanding General, Army Air Forces, the Army retiring board proceedings will be forwarded through the Commanding General, Army Air Forces and The Surgeon General, in turn, to The Adjutant General. The Commanding General, Army Air Forces, will certify as to essentiality of the officer in accordance with paragraph 16b at the time such proceedings are received at Headquarters, Army Air Forces.

b. In the case of officer personnel under the command jurisdiction of the Commanding Generals, Army Ground Forces or Army Service Forces:

- (1) If the officer patient is carried on the morning report of the medical facility as "attached from other organizations" or carried on the sick report of his own organization, the case will be referred by the commander named in paragraph 15 to the immediate commanding officer of the patient for certification as provided in paragraph 16b(2). If the return of the officer is desired the officer will be returned to his former organization, pending final action by the War Department. If the return of the officer is not desired the entire proceedings will be forwarded to the War Department and the officer will remain in a patient status in the medical facility pending final action by the War Department.
- (2) If the officer patient is carried on the morning report of the medical facility as "attached unassigned", the officer patient will remain in a patient status pending receipt of instructions from the War Department.

c. In all other cases not covered under a or b above the officer patient will remain in a patient status pending receipt of instructions from the War Department.

70. Incapacitated for any further military duty. Upon completion of proceedings of an Army retiring board which has found an officer incapacitated for further military duty and pending final action by the War Department, the commanding officer of the hospital or station (see par. 15) where such proceedings were conducted will issue orders in accordance with the following:

a. An officer whose physical condition so requires will remain a patient in the medical facility until his physical condition is such that action as outlined in b below can be taken.

b. Necessary orders to effect transfer to a Veterans Administration facility, when appropriate, will be issued by the commanding officer of the station, and will indicate that the officer patient concerned is relieved from active duty effective upon date of arrival at the Veterans Administration facility.

c. An officer of the Regular Army, an Army nurse, a dietitian, or a physical therapist will remain on a patient status pending issuance of orders by The Adjutant General.

d. An officer not included in above categories will be ordered to his home on terminal leave to be relieved from active duty subsequent thereto, assigned for record purposes to the appropriate separation center, and processed in accordance with current instructions pertaining to the release of officers from active duty, except that an officer of the Army Air Forces, including arms and services on duty with the Army Air Forces, will be assigned for record purposes to the Officer Replacement Pool, Army Air Forces Personnel Distribution Command, 830 W. Broadway, Louisville 3, Kentucky.

71. Officers under orders for separation or eligible therefor (see Table 2 Item i, last column). a. Upon completion of proceedings of an Army retiring board in the case of an officer who has been ordered before the board, every effort will be made by the Army retiring board to make final disposition

of the case. In the event an officer in either of the categories referred to in paragraph d or i, Table II, page 35, desires separation and is eligible therefor under current policies, he will be separated. Cases involving physical incapacity will be separated at the hospital under current procedures. Officers to be separated for other reasons will be sent to the appropriate separation center for processing.

b. An officer who appears before an Army retiring board under the provisions of paragraph d, Table II, page 35, and who is subsequently relieved from active duty for other than physical reasons, will be advised at the time of his separation processing that if he desires to appear before an Army retiring board for the sole purpose of final determination of his physical status upon the expiration of his period of temporary limited service, he should make written application to The Adjutant General for such authority. Such an individual will not be recalled to active duty but will be authorized to appear, at his own expense, before the Army retiring board nearest his home.

CHAPTER 8

FORWARDING CLINICAL AND RELATED RECORDS NECESSARY FOR
PENSION APPLICATIONS TO THE VETERANS ADMINISTRATION

72. General. a. The transmission to the Veterans Administration of those records necessary in the adjudication of pension claims of officers discharged or released from active service because of physical disability under AR 605-250 or AR 40-20, with or without retirement pay benefits, will be expedited. Every effort will be made to insure that all such officers are advised as to their rights under existing laws.

b. As indicated in Section 104 of the Servicemen's Readjustment Act of 1944 (Public Law 346 - 78th Cong. (Bull. 10, WD, 1944)) which is quoted in part below, it is the desire of the Congress and is to the interest of the individual that every officer about to be discharged or released from active service for disability file an application at the time of his separation.

"Sec. 104 * * * and no person shall be discharged or released from active service on account of disability until and unless he has executed a claim for compensation, pension, or hospitalization, to be filed with the Veterans Administration, or has signed a statement that he has had explained to him the right to file such claim: Provided, That this section shall not preclude immediate transfer to a veterans' facility for necessary hospital care, nor preclude the discharge of any person who refuses to sign such claim or statement: And provided further, That refusal or failure to file a claim shall be without prejudice to any right the veteran may subsequently assert."

c. This chapter is applicable to all commissioned officers of the Army (including female commissioned officers), Army nurses, dietitians, physical therapists, warrant officers, and flight officers. In this connection attention is directed to the fact that Army nurses, physical therapists and dietitians do not come under the provisions of Public Law 18 (Bull. 2, WD, 1939) but are "retired" under laws pertaining to Regular Army nurses if the disability is incident to the service. However, if retired for a disability not incident to the service, they may apply to the Veterans Administration for pension under laws administered by that agency.

73. Transmittal of Records to Veterans Administration. a. Photostats and records, including Veterans Administration Form 526 (long form), Veterans Application for Pension, required by the Veterans Administration in adjudicating pension claims will be held at the hospital collecting them until notification is received from The Adjutant General authorizing their release. Records will be disposed of as follows:

(1) In the case of an officer separated for a disability incident to service they will be sent to the Veterans Administration, Washington 25, D.C.

(2) In the case of an officer separated for a disability not incident to service they will be sent to the Veterans Administration area office indicated below, which is located within the territorial limits of the service command in

which the hospital concerned is located:

Veterans Administration Area Office No. 1
17 Court Street
Boston 8, Mass.

Veterans Administration Area Office No. 2
120 Wall Street
New York 5, N. Y.

Veterans Administration Area Office No. 3
10 North Calvert Street,
Baltimore 2, Md.

Veterans Administration Area Office No. 4
20 Houston Street, N. E.,
Atlanta 3, Ga.

Veterans Administration Area Office No. 5
8 E Chestnut Street
Columbus 15, Ohio

Veterans Administration Area Office No. 6
610 So. Canal Street
Chicago 7, Ill.

Veterans Administration Area Office No. 7
Old U. S. Custom House
St. Louis 1, Mo.

Veterans Administration Area Office No. 8
1000 Main Street
Dallas 2, Tex.

Veterans Administration Area Office No. 9
140 Montgomery Street,
San Francisco 4, Calif.

b. (1) Records and photostats will be transmitted to the Veterans Administration within 24 hours of receipt of the release from The Adjutant General referred to in a above, except as indicated below. (Reference in this paragraph to the Veterans Administration pertains to the Central Office of the Veterans Administration in Washington, D. C., or an area office listed above, depending on whether the disability is or is not incident to service.)

(2) If upon receipt of the release from The Adjutant General, all the photostats and records required by the Veterans Administration are not available for transmission thereto, the following action will be taken:

- (a) Those which are available will be transmitted within 24 hours as indicated above. The letter of transmittal will contain a statement as to the missing records and that they will be forwarded when available.

- (b) In event information is received from The Adjutant General or another hospital that certain records cannot be located, the Veterans Administration will be so advised.
- (c) Photostats or records received subsequent to the transmission of those available at the time of receipt of release from The Adjutant General referred to in a above will be forwarded to the Veterans Administration within 24 hours of their receipt.
- (d) When the last shipment of records is made, the Veterans Administration will be so advised.

74. Execution by Officer of Application for Pension. a. If an officer who has been duly advised of his rights and advantages in filing an application for pension for disability, Veterans Administration Form 526 (long form), decides he does not desire to submit the application, he will be requested to sign a statement on WD AGO Form R-5004. This statement will be executed in an original only and will be transmitted to the Veterans Administration with the clinical records referred to.

b. If the officer refuses to sign Form R-5004, the personnel officer will prepare a memorandum stating the reason the officer does not care to do so.

c. In case the officer is mentally incompetent or unable to execute a claim for himself, every effort will be made to complete the pension application for him. If this is impossible, the personnel officer will prepare a brief memorandum setting forth the reasons why the pension application cannot be prepared for the officer and include the memorandum with the records forwarded to the Veterans Administration.

d. The memorandum referred to in b and c above will be transmitted to the Veterans Administration with the pertinent records.

e. Veterans Administration copy of WD AGO Form 53-97 will be forwarded to the Veterans Administration by the organization distributing the form.

75. Officers Transferred to Veterans Administration Facility. In the event the officer patient is to be transferred to the care of a Veterans Administration facility, all the above records will be transmitted to the appropriate facility with the officer at time of transfer as follows:

a. If accompanied by an attendant; the attendant will deliver the records with the officer.

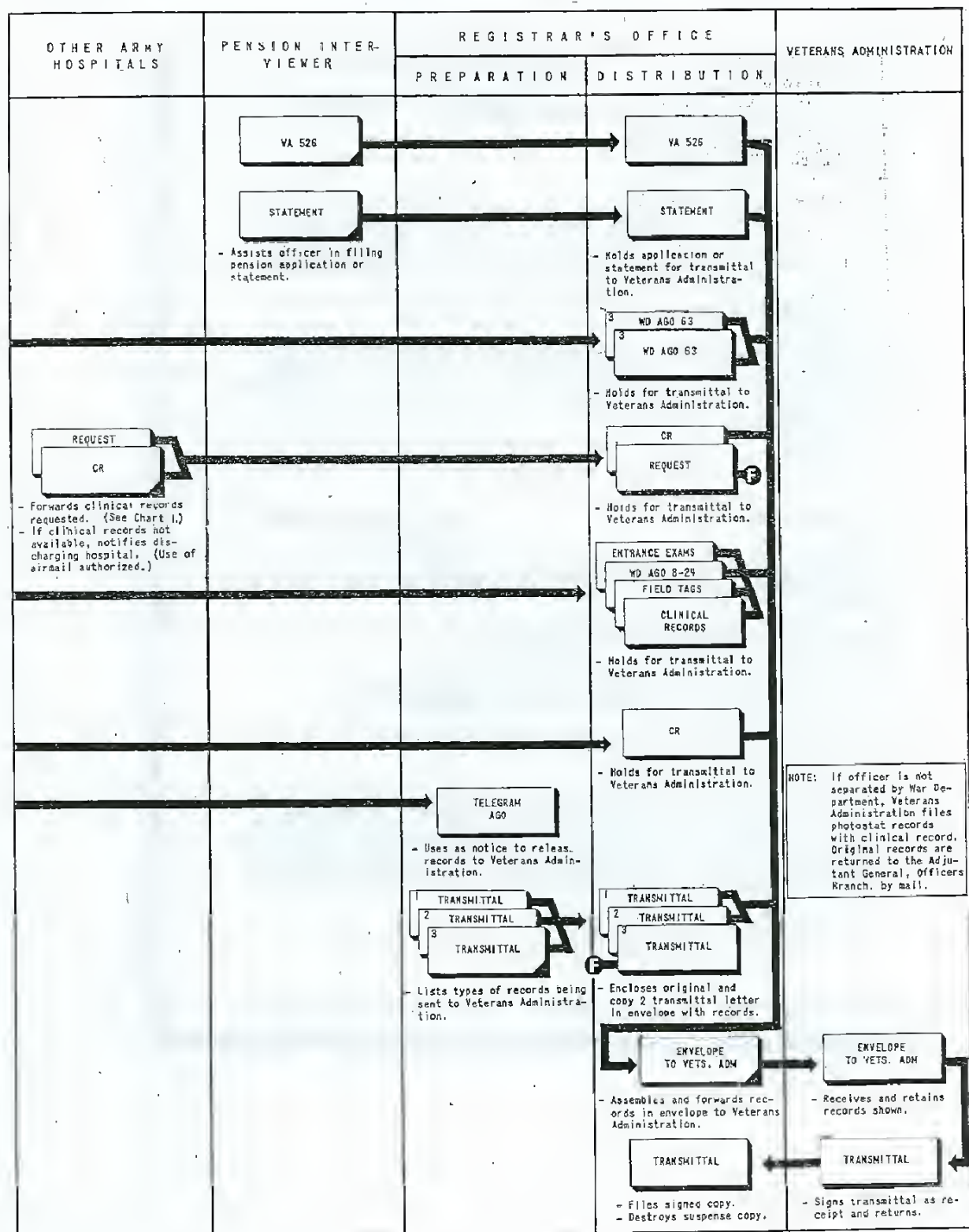
b. If the officer is unaccompanied by an attendant, the officer will deliver his own records, unless it is physically undesirable for him to do so, in which case they will be mailed to the Veterans Administration facility on the same day the patient departs for the facility.

FORWARDING CLINICAL AND RELATED RECORDS NECESSARY

DOCUMENT	WARD OFFICER	REGISTRAR	THE ADJUTANT GENERAL
<p>SECTION 7. RECEIPT OF RECORDS NECESSARY FOR VETERAN'S ADMINISTRATION TO ADJUDICATE PENSION CLAIM</p> <p>APPLICATION FOR PENSION FROM VETERANS ADMINISTRATION, V.A. FORM 525 OR STATEMENT THAT MAN DOES NOT ELECT TO FILE CLAIM</p> <p>REPORT OF PHYSICAL EXAMINATION, WD AGO FORM 53 (PREPARED FOR RETIREMENT BOARD)</p> <p>CLINICAL RECORDS FROM OTHER HOSPITALS, (WD AGO 8-33 OR WD 55 SERIES).</p> <p>CLINICAL AND RELATED RECORDS FROM TAG PHOTOSTATS OF ENTRANCE REPORT OF PHYSICAL EXAMINATIONS PHOTOSTATS OF MEDICAL REPORT CARDS, WD AGO FORM 8-24 FIELD TAGS AND OTHER CLINICAL RECORDS, IF SUPPLIED</p> <p>CLINICAL RECORDS</p>		<p>WD AGO 53</p> <p>WD AGO 53</p> <p>- Forwards from file. (See Chart 6)</p> <p>- If a joint medical report is prepared forwards only one copy of joint report.</p> <p>ENTRANCE EXAMS</p> <p>WD AGO 8-24</p> <p>FIELD TAGS</p> <p>CLINICAL RECORDS</p> <p>- Forwards photostats of entrance and annual physical examinations, photostats of Medical Report Cards, WD AGO 8-24, original field tags and other available clinical records.</p> <p>- Use of air mail authorized.</p> <p>- See Chart 6.</p>	
<p>SECTION 8. THE TRANSMISSION OF RECORDS TO THE VETERANS ADMINISTRATION</p> <p>TELEGRAM FROM THE ADJUTANT GENERAL RELEASING RECORDS TO THE VETERANS ADMINISTRATION</p> <p>LETTER OF TRANSMITTAL</p> <p>ENVELOPE ADDRESSED TO VETERANS ADMINISTRATION (Registered mail will not be used.)</p>	<p>CR</p> <p>- Transmits complete to Registrar.</p>		<p>TELEGRAM-AGO</p> <p>TELEGRAM-AGO 201 F</p> <p>- After War Department approves retirement proceedings, wires hospital to release records.</p>

CHART 8

FOR PENSION APPLICATION TO VETERANS ADMINISTRATION



VETERAN'S APPLICATION FOR PENSION, VET ADM FORM 526 (PAGE 2)

I hereby make application for compensation or pension based on military or naval service.

1. Last name—First name—Middle name Doe, John Maynard				2. Address (Number, street, city or town, State) 7900 S. United Ave., Chicago, Ill			
3. Are you a citizen of the United States? Yes		4. Native-born or naturalized? Native-born		5. If naturalized, state date and place			
6. Date of birth 1 Jan 1900		7. Place of birth Chicago, Ill					
Description as of date of last enlistment							
8. Sex M.	9. Race W	10. Height 72 inches	11. Weight 178 lbs.	12. Color eyes Blue	13. Color hair Brown	14. Complexion Ruddy	
15. Mark with a cross (X) branches of service in which you served. Army Navy Marine Corps Coast Guard Nurse Corps Other (specify) X						16. Are you registered under Selective Service Act? (Yes or no.) No	
17. Address of draft board with which you registered. (If none, so state.) None				18. Home address at time of registration			
19. Entered service Date Place 10 Mar 42 Ft Custer Mich		20. Serial No. 0456 203		21. Separated from service Date Place To date		22. Grade and organization Major, Inf	
23. Character and type of discharge 53-97 Honorable		24. If you served under another name, state name and period of service. No					
25. State all periods of inactive duty None				26. If reservist, give periods of active duty and branch of service. No			
27. Do answers above cover all periods of your service—active, inactive, or reservist? (Yes or no.) Yes				28. Have you ever applied for any of the following benefits? (Yes or no.) None			
Disability allow- ance, compensa- tion, or pension	Regular service re- tirement pay	Emergency off- ice retirement pay	Retainer pay	Insurance benefits	Hospital treat- ment or dental care	U. S. Employees' compensation	Civil Service Re- tirement annuity
29. If any of the answers under item 28 are "yes," answer the following:							
Date of application		Claim No.		Office with which filed			
30. Have you ever been physically examined for the following? (Yes or no.) None							
Veterans Adminis- tration	Civil Service Commission	Former Pension Bureau	Enlisted Reserve Corps	Officer's Reserve Corps	U. S. Employees Compensation Commission	Other (specify)	
31. If any answers under item 30 are "yes," state date and place of examination.							
32. Nature of disease or injury on account of which claim is made and date each began. While serving as a troop unit commander with the 93rd Division, near Pantano, Italy, in December, 1944, I was struck by a mortar shell in the left leg and foot. Two toes on my left foot were amputated at a nearby evacuation hospital and since then my left foot has been stiff making it difficult for me to walk.							
33. If you received any treatment while in the service, give name, number or location of hospital, first-aid station, dressing station or infirmary, or the organization to which it was attached, the dates of treatment, and nature of sickness, disease, or injury. 1930 Fitzsimons GH, Denver, Colorado 8 Dec 1944 to 29 Dec 1944, Evacuation Hospital, near Pantano, Italy. 29 Mar 1945 to date, Schick GH, Clinton, Iowa							

(CONTINUE REMARKS IN BOX 79)

16-58920-2

VETERAN'S APPLICATION FOR PENSION, VA FORM 526
(PAGE 3); STATEMENT OF NON-APPLICATION FOR PENSION,
WD AGO FORM R-5004

Names and addresses of all civilian physicians who have treated you for any sickness, disease, or injury, prior to, during, or since your service.

34. NAME	35. PRESENT ADDRESS	36. DISABILITY	37. DATE
None			

Names and addresses of all persons other than physicians who know any facts about any sickness, disease, or injury which you had prior to, during, or since your service.

38. NAME	39. PRESENT ADDRESS	40. DISABILITY	41. DATE
None			

If you served in World War I or II, give the names and addresses of employers and your monthly earnings for the 24 months preceding your entrance into the active military or naval service. If self-employed, so state.

42. EMPLOYER NAME AND ADDRESS	43. OCCUPATION AND EARNINGS	44. DUTIES PERFORMED	45. DATES
None			

46. If you served in World War II, state the following: Highest grade completed in:

GRAMMAR SCHOOL	HIGH SCHOOL	COLLEGE	UNIVERSITY	47. State any special study (as business, professional, trade, academic)
	12			None

48. State where you studied	49. Length of special study	50. Did you graduate from special school?	51. Did you complete special study?
Roosevelt High School, Chicago, Ill	None	No	

52. What is your trade or vocation?	53. Are you employed?	54. If employed, state employer's name
Army Officer	No	Officer in Army of United States

55. What is your entire income per month? State sources of your income.

US Army pay of Major

\$

56. What is the value of your estate from all sources?

\$ None

57. State names and addresses of former employers for last 12 months:

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT		EARNINGS		TIME LOST	
	BEGINNING	ENDING	WEEKLY	MONTHLY	MONTHS	DAYS
(1) In AUS						
(2)						
(3)						

58. Are you being furnished with domiciliary care or any political aid?

59. Marital status	60. Tax status
Married	On

62. Date and place of death

None

63. Times your present spouse has been married

One

65. Date and place of death

None

66. Do you live together?

Yes

68. Use this space to

Statement to Veterans Administration

Schick General Hospital
Clinton Iowa

1 Nov. 1945
(Date)

To the Veterans Administration:

I have been told that I am to be discharged or released from active duty on account of disability and that I should file an application for disability pension under the laws administered by the Veterans Administration.

I have decided not to file a pension application now.

I understand I may do so later.

William R. Johnson
(Signed name)

01994634
(Army serial No.)

WD AGO Form
R-5004, 18 Dec 44

CHAPTER 9

COMPLETION OF BASIC SEPARATION FORMS
AND FINAL PAYMENT OF THE OFFICER.

76. Basic Separation Forms. The military personnel section will complete the basic separation forms prior to the time an officer is ordered to his home and relieved from active duty. These forms are:

a. Discharge Certificate and Report of Separation, WD AGO Form 53-97, for all officers other than those of the Regular Army, as prescribed in TM 12-236, Preparation of Separation Forms, 1 April 1945.

b. Army Separation Qualification Record, WD AGO Form 100, in three parts.

c. Officer's Qualification Card, WD AGO Form 66-1, -2, or -3.

d. Previous Employer Card, WD AGO Form 519.

e. Orders relieving an officer from active duty and ordering him to his home to include travel time, appropriate mode of transportation, effective date of change on the morning report, assignment to separation center in accordance with current War Department directives for record-keeping purposes and such other information as is required to comply with current War Department directives for record-keeping purposes.

77. Action by disbursing officer. a. The disbursing officer servicing the hospital will complete:

(1) WD AGO Form 30-S, Allotment Discontinuance.

(2) WD Form 384, Officer's Pay Allowance and Mileage Voucher to cover the final payments of an officer while on terminal leave.

b. The disbursing officer will pay the officer while on terminal leave and be responsible for cancellation of allotments by distributing all copies of WD AGO Form 30-S and WD Form 384, excepting the Adjutant General's copy of WD AGO Form 30-S which will be included in the records sent to the separation center.

78. Action by Personnel Officer. The Officer's Identification Card, WD AGO Form 65 or 65-1 will be cancelled by perforations and returned to the officer by the personnel officer who will also issue Discharge Lapel Button and WD Pamphlet 21-4, Information for Soldiers Going Back to Civilian Life, to an officer before he is ordered to his home.

79. Assignment of officer to separation center for record purposes only while on terminal leave. Officers processed and released from the service in the United States, other than through separation centers, who are granted terminal leave prior to date of actual separation, will not be transferred to an officer replacement pool, but will be assigned for record purposes only to the separation center serving the areas in which their homes are located. (In the case of officers under the jurisdiction of the Commanding General, Army Air

Forces, see paragraph ____ above.) In such cases the disbursing officer at the station where terminal leave is granted the officer being relieved will continue to make regular payments, including final and mustering out payments, and will distribute the WD AGO Form 30-S, Allotments Discontinuance. When the officer being relieved, while on terminal leave is hospitalized in an Army hospital or for any other reason his terminal leave is suspended, the commanding officer of the station to which the officer reported for hospitalization or for any other purpose will notify the commanding officer of the separation center and the paying disbursing officer of such fact. The commanding officer of the station at which the officer was hospitalized, or who otherwise assumed jurisdiction of the officer upon suspension of terminal leave, will report to the separation center and the disbursing officer concerned the date of release from hospital and/or resumption of terminal leave status. The separation center commander will make appropriate adjustments in records, terminal leave status. The separation center commander will make appropriate adjustments in records, terminal leave, and date of release from active duty.

80. Forwarding forms to separation center. At time of departure of officers on terminal leave, the following records will be forwarded to the appropriate separation centers as indicated above:

- a. WD AGO Form 66-1, -2, or -3, Officer's Qualification Card.
- b. WD AGO Form 30-S, Allotment Discontinuance (TAG copy only.)
- c. WD AGO Form 53-97 Discharge Certificate-all copies including National Guard copy. Copies will be prepared as indicated in TM 12-236, Preparation of Separation Forms, 1 April 1945.
- d. Two copies of special orders relieving officer from active duty.
- e. WD AGO Form 63, Report of Physical Examination, (except in case of retirement under AR 605-250 or AR 40-20).
- f. WD AGO Form 100, Separation Qualification Record(duplicate and tripligate copies).
- g. WD AGO Form 8-114, Syphilis Register (if applicable).

INFORMATION FOR SOLDIERS GOING BACK
TO CIVILIAN LIFE; WD PAMPHLET 21-4;
LAPEL BUTTON; PATCH

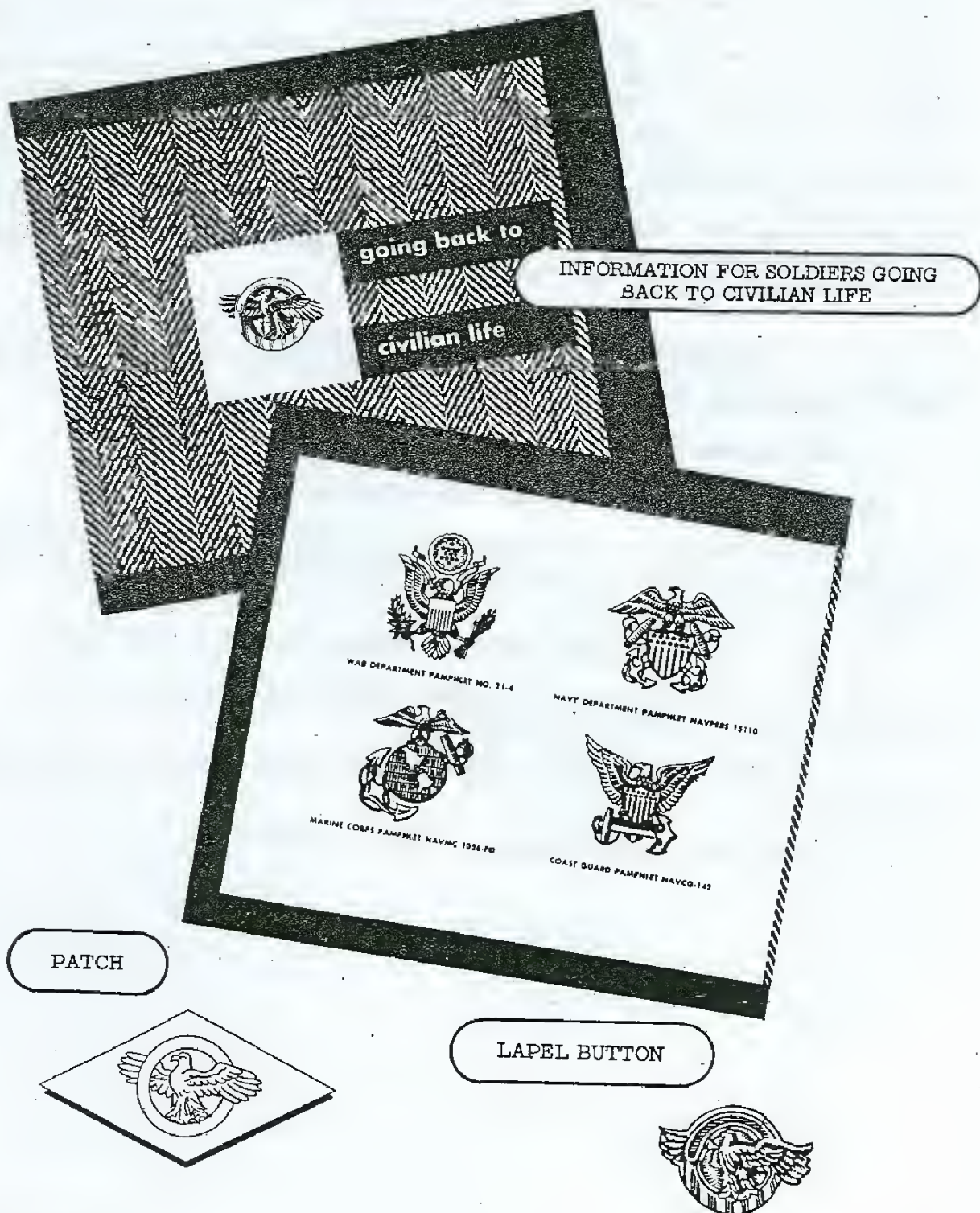


ILLUSTRATION 20

COMPLETION OF PAY AND ALLOTMENT

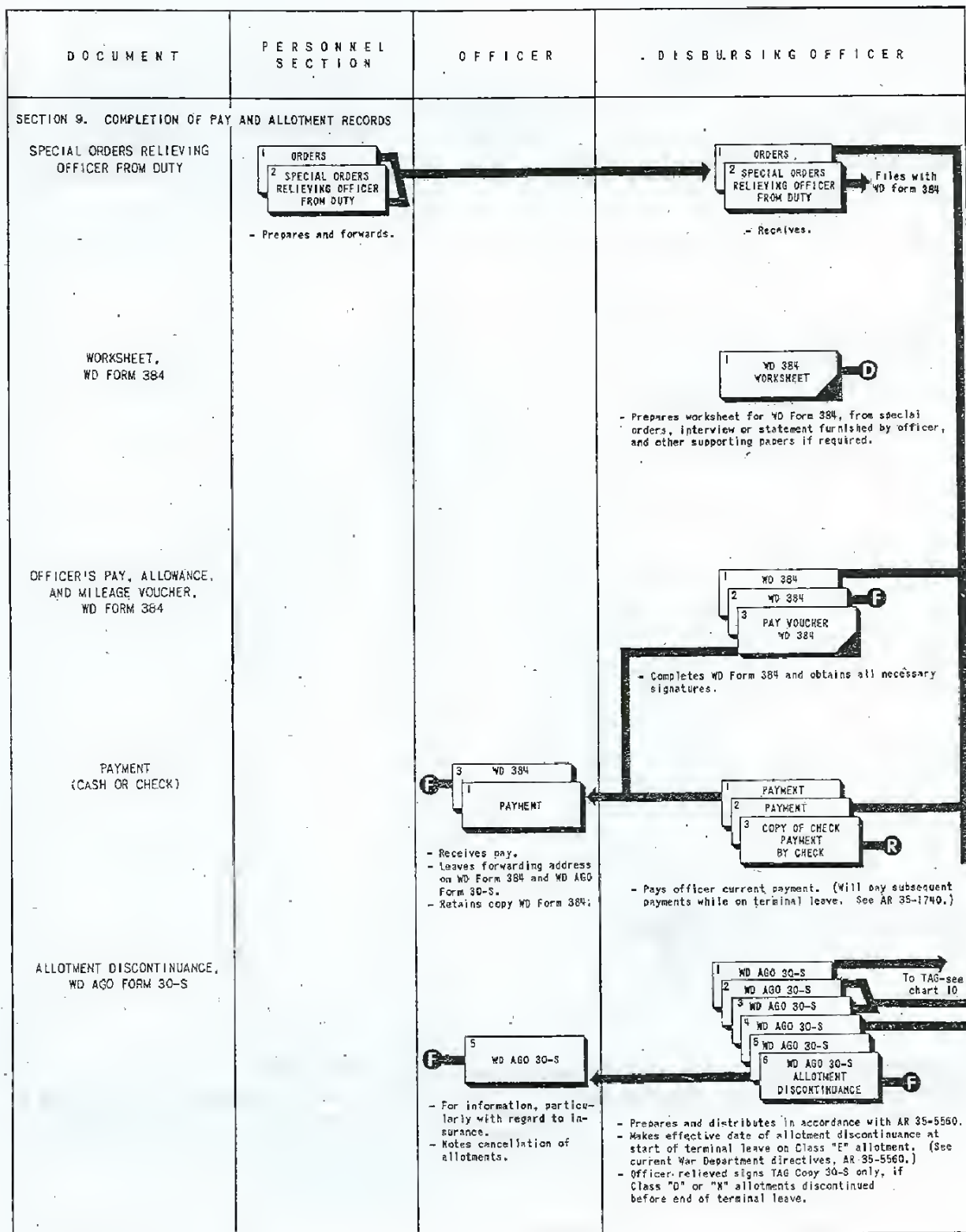
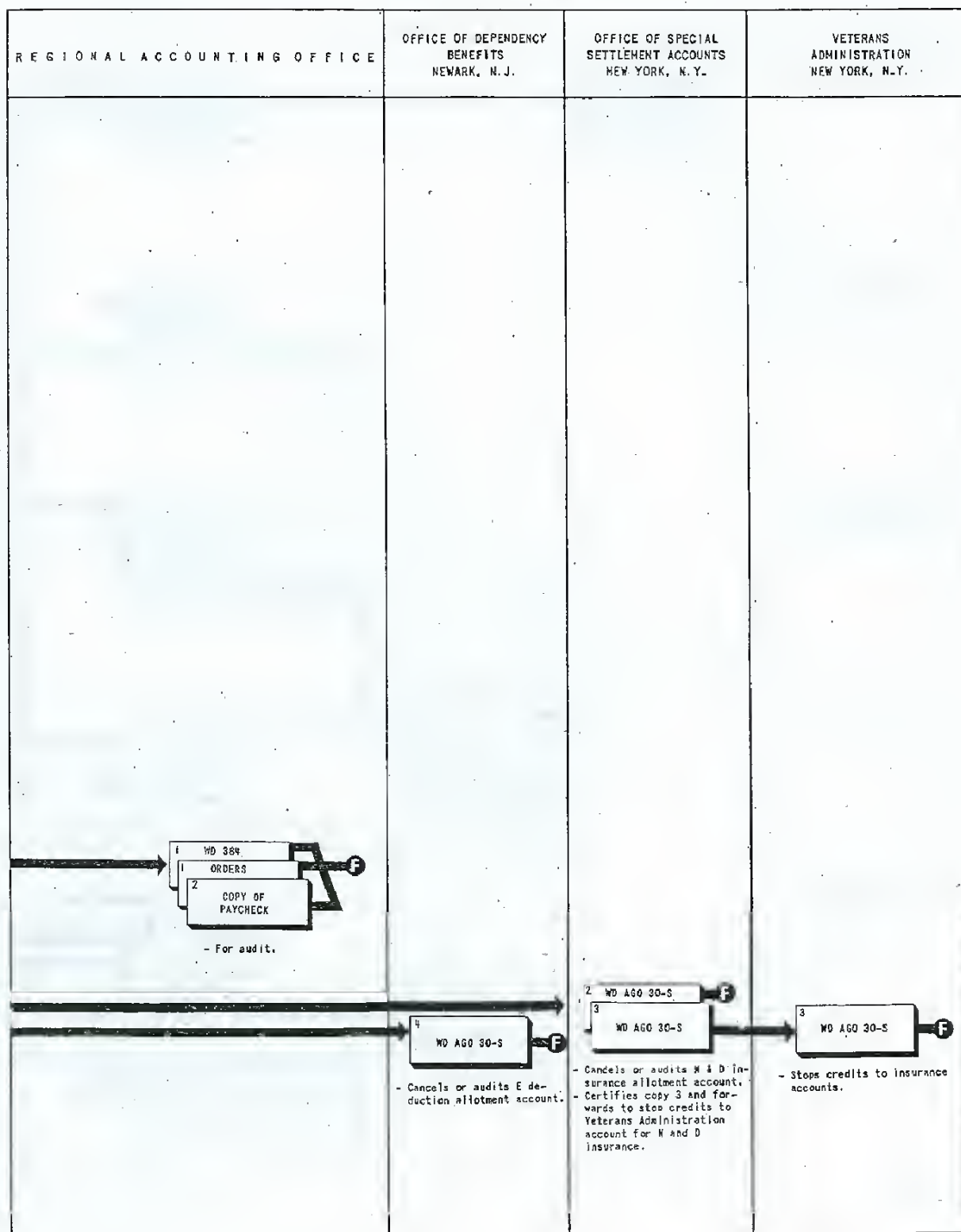


CHART 9

RECORDS AT HOSPITALS



COMPLETION OF PERSONNEL FORMS, DISTRIBUTION AND

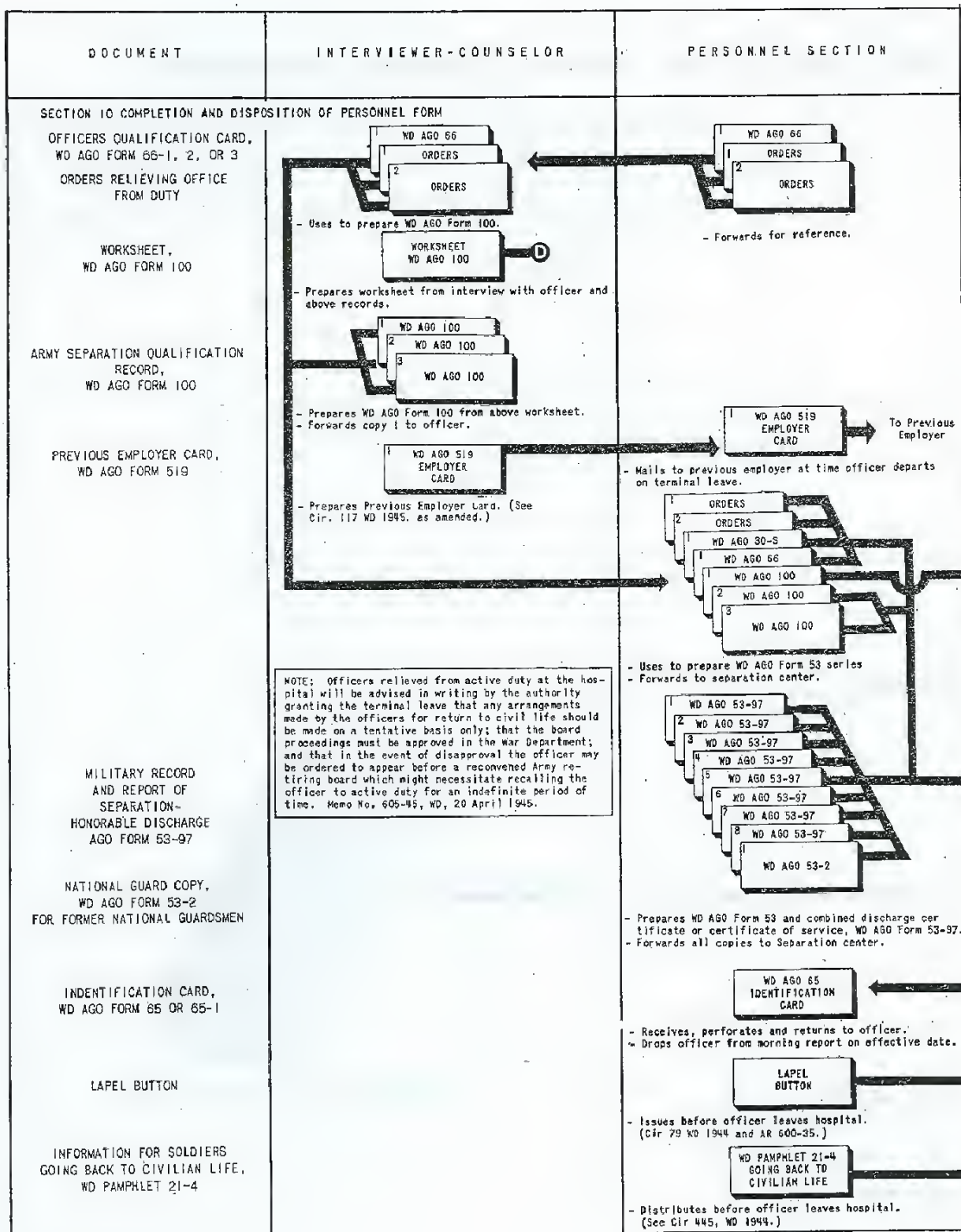
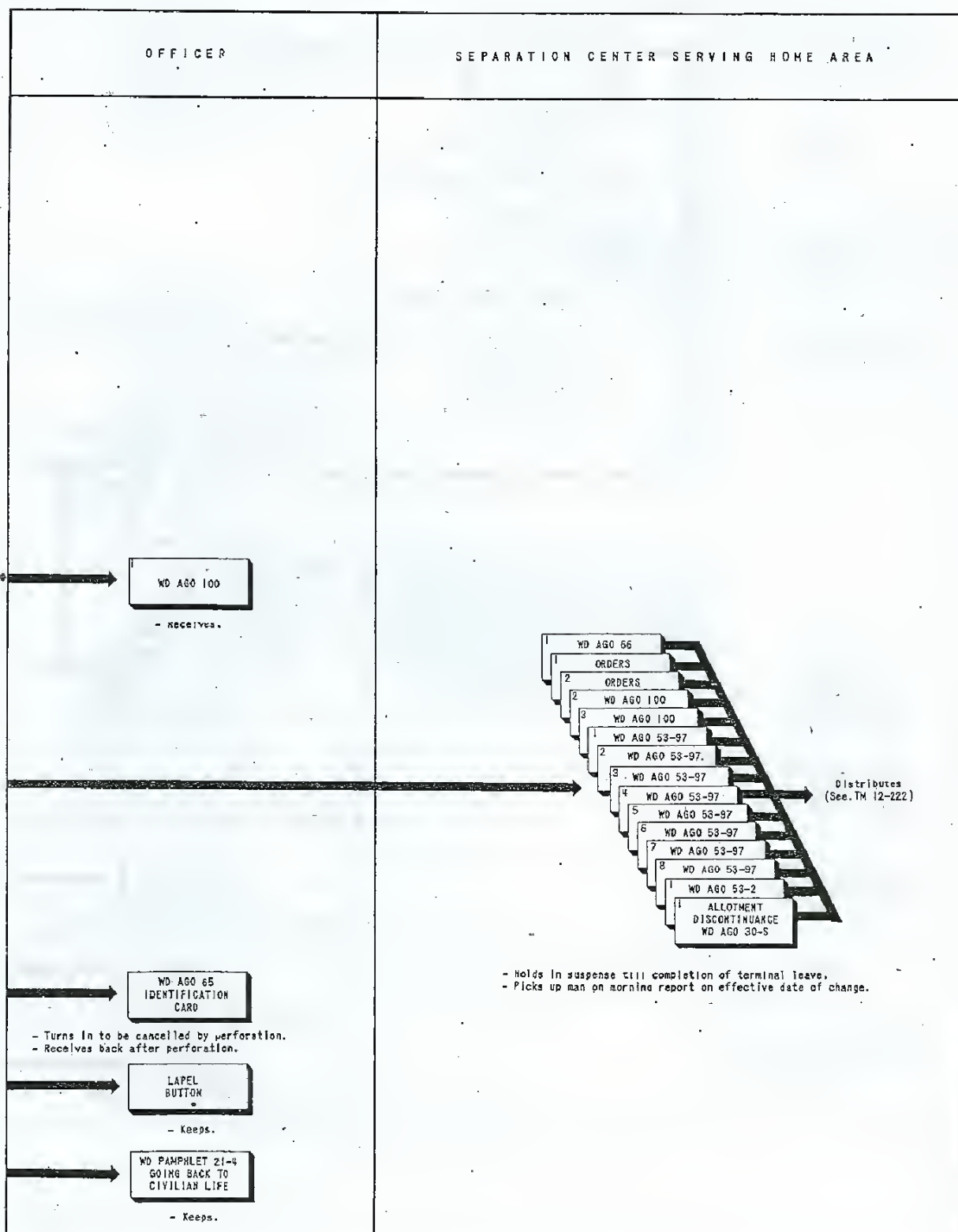


CHART 10

FORWARDING REQUIRED RECORDS TO SEPARATION CENTERS



SPECIAL ORDERS FOR RELIEF FROM ACTIVE DUTY

R E S T R I C T E D

ARMY SERVICE FORCES
HEADQUARTERS SCHICK GENERAL HOSPITAL
Clinton, Iowa

SPECIAL ORDERS

NUMBER 304

EXTRACT

1 Nov 45

3. DP fol named off having been found physically incapacitated for active mil sv by an ARB are rel'd fr AD eff on date specified below and WP their homes so as to arrive thereat not later than date specified below on which date they will revert to inactive status. The off named are granted terminal lv of absence for the period indicated eff 1 Nov 45. These off rel'd fr atchd unasgd Det of Pnts Schick Gen Hosp and are asgd to orgn indicated for record purposes only. EDCMR 2 Nov 45.

NAME	TERMINAL LV	DATE OF RELIEF	HOME ADDRESS	ORGANIZATION
DOE JOHN M MAJOR 0456 203 INF	1 Mo and 17 days	18 Dec 45	7900 S United Ave Chicago Ill	Separation Center Ft Sheridan Ill
MAIN JOHN D WOJG W2 021 533	1 Mo and 11 days	13 Dec 45	Lebanon Pa	ORP AAFFDC Louisville, Kentucky

These officers are entitled to WD AGO Form 53-97. The Cof Mil Pers will prepare WD AGO Form 53-97.

TO will not furn T for WOJG MAIN.

TO will furn T for MAJOR DOE.

PCS TDN 501-31 P 431 02 A 212/50425.

Auth AR 605-250 Cir 188 WD 1945 Cir 109 WD 1945.

BY ORDER OF COLONEL WINN:

OFFICIAL:

EARLE A PAXSON
Captain, MAC
Adjutant

/s/ Earle A Paxson
EARLE A PAXSON
Captain, MAC
Adjutant

DISTRIBUTION:

G L

THIS IS A SPECIMEN ORDER FOR ILLUSTRATION
PURPOSES ONLY AND IS NOT CLASSIFIED

R E S T R I C T E D

SEE TML2-256 FOR PREPARATION OF SPECIAL ORDERS

OFFICERS' PAY, ALLOWANCE, AND MILEAGE VOUCHER, WD FORM 384 (FRONT)

WAR DEPARTMENT Form No. WD 384 Form Prescribed by the Comptroller General, U.S. 12 August 1944		WAR DEPARTMENT OFFICERS' PAY, ALLOWANCE, AND MILEAGE VOUCHER				D. O. Voucher No. 1314	
1. LAST NAME—FIRST NAME—MIDDLE INITIAL Doe John M.		2. ARMY SERIAL No. 0-456203		3. GRADE Maj	4. BRANCH Inf	5. COMPONENT AUS	PAID BY E. A. Pearson Col., F.D. Schick G.H. Clinton, Iowa Symbol No. Sta. No. DEC 45 (For use of paying office)
DEPENDENTS							
6. None	7. <input checked="" type="checkbox"/> Lawful wife or unmarried child under 21 years of age (a)	8. Mother or father (b)	9. Adopted child or stepchild under 21 years of age (c)				
PAY STATUS DATA							
10. DATE ENTERED ON ACTIVE DUTY 3 Mar 1942		11. PLACE FROM WHICH ORDERED TO ACTIVE DUTY Ft. Custer, Michigan					
12. LEAVE ACCRUED MONTHS 1 DAYS 18		13. SERVICE OVER 26 Years		14. PAY PERIOD 5		15. YEARS COMPLETED (d) 26	
				16. DATA COMPLETED 29 JAN 45			
CREDITS							
ACCRUAL PERIODS, 19____ (Indicate dates)							
PAY FOR—		AMOUNT					
		FROM—	Travel	1 Nov	1 Dec		
		TO—	Nov 2	30 Nov	18 Dec		
16. Base and longevity (15)			\$	\$408.33	\$245.00	\$	\$
17. Foreign service						\$	\$
18. Flying, aeronautical, rating (e)							
19. Flying, nonflying officer (f)							
20. Parachutist (g)							
21. Mustering out (h)							
22.							
23.							
ALLOWANCE FOR—							
24. Subsistence				63.00	37.80		100.80
25. Rental (i)				120.00	72.00		192.00
26. Travel, mileage status (j)			38.21				38.21
27.							
28.							
29.							
TOTAL CREDITS			38.21	591.33	354.80		\$ 984.34
DEBITS							
30. Class-B allotment—Bonds				37.50			37.50
31. Class-D Government Insurance				6.70	6.70		13.40
32. Class-E allotment							
33. Class-N Nat'l serv. life insurance							
34.							
35. Due United States for (No.) meals							
36.							
37.							
TOTAL DEBITS				44.20	6.70		\$ 50.90
NET BALANCE		(1)	(2)	(3)	(4)	(5)	(6)
		38.21	547.13	348.10			\$ 933.44
38. Amount paid by cash		38.21					38.21
39. Amount paid by check on Treas., U.S.			547.13	348.10			895.23
40. Check No.							
41. Date of check							
42. Voucher No.							
43. Symbol No. (For use by G. A. O.)							
44. Mail check(s) to me at the following address:							
		7900 So. United Avenue, Chicago, Ill.					
45. I CERTIFY that the foregoing statement and account of moneys due and to become due me in accordance with existing law, including any accompanying certificates, statements and schedules (which are hereby made a part hereof), are to the best of my knowledge and belief true and correct; that payment therefor in full or in part, except as stated, has not previously been received; that I now have no assigned, transferred, or other pay accounts outstanding for the period for which pay is claimed on this voucher or for future months; that I am not in any manner indebted to the United States or its agencies or instrumentalities, except as stated; that on this and previous vouchers I have entered and had deducted all allotments made by me during the period of my military service; that I am not accountable or responsible for public property; and that payment as stated on the within pay voucher is not prohibited by any provisions of law limiting the availability of the appropriation(s) involved.							
46. REC'D IN CASH \$ 38.21	47. DATE CASH REC'D 2 Nov 45	48. SIGNATURE OF PAYEE FOR CASH RECEIVED Sign Original Only John M. Doe		49. CERTIFICATION SIGNATURE OF BATEY Sign Original Only John M. Doe			
ACCOUNTING CLASSIFICATION							
APPROPRIATION, LOCATION OF PROJECT SYMBOL		APPROPRIATION TYPE		APPROPRIATION (AMOUNT)			
212/50425		501-31 P 431-02		\$38.21			

OFFICERS' PAY, ALLOWANCE, AND MILEAGE VOUCHER, WD FORM 384 (BACK)

<p>(a) NAME OF DEPENDENT WIFE OR UNMARRIED CHILD UNDER 21 TEARS OF AGE <u>Mrs. J. M. Doe</u></p>	<p>IF CHILD ENTER AGE</p>	<p>ADDRESS <u>7900 So. United Ave., Chicago, Ill.</u></p>												
<p>(b) DEPENDENT FATHER OR MOTHER (Item 8) For the purpose of obtaining payment of certain allowances from the Government and in support of my contention that my father or mother is in fact dependent on me for his or her chief support, I CERTIFY that my father or mother is Mr. (Mrs.) _____ who lives at _____; that the amount required for my father's or mother's reasonable and proper living expenses is from \$_____ to \$_____ per month; that for the period from _____ to _____, I have contributed to the support of my father or mother, without any consideration therefor or hope or expectation of return therefrom, the sum of \$_____; that the total gross income of my father or mother, from all sources (including in such income any payment or contribution of others toward his or her proportionate share of household or living expenses) other than my contributions has not exceeded and does not exceed \$_____ per month or \$_____ per year for the period from _____ to _____; and that the living expenses actually incurred by my father or mother during the period from _____ to _____ amount to from \$_____ to \$_____ each month.</p>														
<p>(c) ADOPTED CHILD OR STEPCHILD (Item 9) I CERTIFY that _____ is my adopted child and will be _____ years of age at his or her next birthday; that he or she was adopted by me pursuant to the laws of _____, certified copy of adoption papers filed herewith (or filed with voucher No. _____, 19____, accounts of _____); that the child was _____ related to me by blood or marriage as my _____ before adoption; that the adoption by me was for the child's benefit; that the child was not adopted by me to secure any personal or pecuniary advantage, either in the way of increase in my pay or allowances, or otherwise; that the child is now residing with _____, related to me by blood or marriage as my _____ and related to the child as _____; that the child is not possessed of property or income adequate of his or her support; that the child is not the beneficiary, either directly or through others, of any trust or estate entitling the child to income adequate for his or her support and education; that I actually and necessarily contribute from my own personal funds \$_____ each month solely for the care, maintenance, support, and education of the said child.</p>														
<p>(d) STATEMENT OF SERVICE FOR LONGEVITY CREDIT (Item 10) I CERTIFY that I have held a commission; appointment as commissioned warrant officer, warrant officer, flight officer, or army field clerk; or have been enlisted as a member of the respective service(s) shown below for the inclusive periods indicated. I FURTHER CERTIFY that all National Guard service claimed hereon was federally recognized; that it was not in the inactive National Guard; that all officers' training camp service was in the capacity of an enlisted man and that all initial appointments are shown from the date of acceptance.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>SERVICE OR COMPONENT</th> <th>FROM-</th> <th>TO-</th> <th>SERVICE OR COMPONENT</th> <th>FROM-</th> <th>TO-</th> </tr> </thead> <tbody> <tr> <td align="center">See list</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			SERVICE OR COMPONENT	FROM-	TO-	SERVICE OR COMPONENT	FROM-	TO-	See list					
SERVICE OR COMPONENT	FROM-	TO-	SERVICE OR COMPONENT	FROM-	TO-									
See list														
<p>(e) FLYING PAY (Aeronautical rating) (Item 18) I CERTIFY that I hold an aeronautical rating as _____; that during the period for which aviation pay is claimed on this voucher I was, by orders of competent authority, required to participate regularly and frequently in aerial flights; and, in consequence of such orders, I did participate in regular and frequent flights, while in a duty status, sufficient to meet the requirements of Executive Order No. 9195, 7 July 1942 (AR 35-1480).</p>														
<p>(f) FLYING PAY (Nonflying officer) (Item 19) I CERTIFY that during the period for which aviation pay is claimed on this voucher I was, by orders of competent authority, required to participate regularly and frequently in aerial flights as a nonflying officer; and, in consequence of such orders, I did participate in regular and frequent flights, while in a duty status, sufficient to meet the requirements of Executive Order No. 9195, 7 July 1942 (AR 35-1480).</p>														
<p>(g) PARACHUTE DUTY (Item 20) I CERTIFY that, during the period from _____, 19____, to _____, 19____, I was not in a flying pay status; that parachute jumping was an essential part of my military duty; that I held a rating as a parachutist or was undergoing training for such rating; and that I was engaged upon duty designated by the Secretary of War as parachute duty.</p>														
<p>(h) MUSTERING-OUT PAY (Item 21) (Strike out the italicized words if inapplicable) I CERTIFY that I am a member of the armed forces and have been engaged in active service in the present war; that I am being discharged or relieved from active service under honorable conditions; that I have not heretofore received a mustering-out payment under the Mustering-Out Payment Act of 1944; that I performed active service for at least 60 days; that I served outside the continental limits of the United States or in Alaska; and that I do not fall within any of the classes of persons to whom payment is prohibited by section I (b) of said act.</p>														
<p>(i) RENTAL ALLOWANCES (Item 22) I CERTIFY that, during the period for which rental allowance is claimed on this voucher, I was not assigned adequate quarters at my permanent station; if without dependents, I was not on field or sea duty; if with dependents, I did not occupy with them any public quarters assigned to me without charge at any station, nor did any of them occupy public quarters assigned to them or to any other officer or his dependents, except for bona fide social visits, or receive a monetary allowance in lieu thereof.</p>														
<p>(j) AUTHORITY FOR DUTY AT PRESENT STATION AND STATEMENT OF TRAVEL (Item 23) I CERTIFY that the following statement of travel was performed in compliance with orders attached and is correct; that payment therefor has not been received; and that no transportation was furnished by the United States, either in kind or on Government transportation request, except as stated. On duty at pres. sta. per par. 2, S. O. 35, HQ Halloran GH, dated 25 Mar 45, Halloran GH 25 Mar 45 Ordered home per par. 3, S. O. 302, HQ Schick GH, dated 1 Nov 45, re'd a Schick GH 2 Nov 45</p>														
STATEMENT OF TRAVEL PERFORMED (to be filled in by traveler)														
DATE	FROM-	DATE	TO-	KIND OF TRAVEL, FORM, (See note)	LAND ORANT INCL. IN EST. ROUTE AND DIST.	TRANS. FURN. EXCL. LAND ORANT IN COL. 6	AUTHORIZED MILEAGE	NOTATIONS						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)							
Mar 26	Halloran GH, N.Y.	Mar 29	Schick GH, Clinton, Iowa	E/R(R)	13	295	308	QMT-ORG						
Nov 2	Schick GH, Clinton, Iowa	Nov 2	Ft. Custer, Mich.	None (R)	93		320							
TOTALS					106	295	628							
Rate per mile					\$0.03	\$0.03	\$0.08							
Amounts					3.18	8.85	50.24							
Deduct columns 6 and/or 7							12.03							
Other deduction														
NET AMOUNT TO BE PAID							38.21							

ALLOTMENT DISCONTINUANCE, WD AGO FORM 30-S

INSTRUCTIONS - This form to be prepared for each person discharged or released from active duty. Copies to be forwarded as indicated on each sheet.
TO TYPEST - Use capital letters or figures. MAKE SURE ALL COPIES ARE LEGIBLE.

TAG

○ ALLOTMENT DISCONTINUANCE ○
NOTICE UPON DISCHARGE OR RELEASE FROM ACTIVE DUTY

No. B 464099⁰

LAST NAME - FIRST NAME - MIDDLE INITIAL

DOE JOHN M

DATE OF BIRTH, IF AVAILABLE
1 JAN 1900REASON FOR SEPARATION
RETIREDDATE OF SEPARATION
18 DEC 1945ARMY SERIAL NUMBER
0 456 203ENTER IN THE SPACE PROVIDED BELOW EACH
ALLOWANCE ON ALLOTMENT NOW IN EFFECT

ALLOT- MENT	AMOUNT (1)	EFFECTIVE DATE MONTH AND YEAR (First Deduction)	FINAL DEDUCTION MADE FOR MONTH OF
N	\$		
D	\$ 6.70	JAN 1922	DEC 1945
E	\$ 150.00	JUL 1943	OCT 1945
F	\$		

(NO ENTRY HERE)

PERMANENT ADDRESS FOR MAILING PURPOSES

7900 S UNITED AVE, CHICAGO, ILL.

FAMILY ALLOWANCE APPLICATION
NUMBER, IF IN SERVICE RECORD

X-

VETERANS ADMINISTRATION NUMBER
(No Entry Here)

N-

NAME AND LOCATION OF ORGANIZATION EFFECTING DISCHARGE OR RELEASE

SCHICK GH, CLINTON, IOWA

ENTER NAMES OF "E" ALLOTTEES, IF IN SERVICE RECORD

(1) MRS J M DOE, CHICAGO ILL

(2)

(3)

TYPE NAME, GRADE, AND TITLE OF PERSONNEL OR DISBURSEMENT OFFICER EFFECTING DISCONTINUANCE
(No Signature Necessary)

CAPT ALLAN DEANE

CHIEF, 101ST ID

(Make No Entry Here)

W. D., A. G. O. Form No. 30-S
1 September 1944
This form supersedes W. D., A. G.
O. Form No. 30-S, 1 July 1944,
which may be used until existing
stocks are exhausted.
6 PARTS

THE DISCONTINUANCE STATE OF CLASS D & N ALLOTMENTS SHOWN ABOVE IS AS
DESIRED BY ME.

For THE ADJUTANT GENERAL'S OFFICE, WASHINGTON 25, D. C.

(Folded and inserted in the service record in cases of enlisted personnel)

John M. Doe

This form supersedes W. D., A. G.
O. Form No. 30-S, 1 July 1944,
which may be used until existing
stocks are exhausted.
6 PARTS

To: GOVERNMENT INSURANCE ALLOTMENT DIVISION
OFFICE OF SPECIAL SETTLEMENT ACCOUNTS
27 Pine St., New York 5, N. Y.

This form supersedes W. D., A. G.
O. Form No. 30-S, 1 July 1944,
which may be used until existing
stocks are exhausted.
6 PARTS

ing month's voucher in payment of refunds due the allottee or the U. S.
Government for allotment payments made subsequent to the effective
date of the notice of discontinuance.
Government Insurance Allotment Division - Office of Special Settlement
Accounts

ALLOTMENT DIVISION COPY
OFFICE OF SPECIAL SETTLEMENT ACCOUNTS
27 Pine St., New York 5, N. Y.

This form supersedes W. D., A. G.
O. Form No. 30-S, 1 July 1944,
which may be used until existing
stocks are exhausted.
6 PARTS

To: OFFICE OF DEPENDENCY BENEFITS
CLASS E ALLOTMENT DIVISION
Newark 2, New Jersey


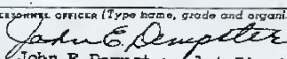
This form supersedes W. D., A. G.
O. Form No. 30-S, 1 July 1944,
which may be used until existing
stocks are exhausted.
6 PARTS

To: OFFICE OF DEPENDENCY BENEFITS
CLASS F ALLOWANCE DIVISION
Newark 2, New Jersey

This form supersedes W. D., A. G.
O. Form No. 30-S, 1 July 1944,
which may be used until existing
stocks are exhausted.
6 PARTS

FILE COPY

MILITARY RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE, WD AGO FORM 53-97

MILITARY RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE											
1. LAST NAME - FIRST NAME - MIDDLE INITIAL Doe, John M				2. ARMY SERIAL NUMBER 0 456 203		3. ARMY GRADE Major		4. ARM OR SERVICE Inf		5. COMPONENT AUS	
6. ORGANIZATION 93rd Infantry Division				7. DATE ON RELIEF FROM ACTIVE DUTY 18 Dec 1945		8. PLACE OF REPARATION Schick GH, Clinton, Iowa					
9. PERMANENT ADDRESS FOR MAILING PURPOSES 7900 S United Ave Chicago, Illinois						10. DATE OF BIRTH 1 Jan 1900		11. PLACE OF BIRTH Chicago, Illinois			
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT See Item 9						13. COLOR EYES Blue		14. COLOR HAIR Brown		15. HEIGHT 6 ft	
						16. COLOR EYES Blue		17. WEIGHT 178 lbs		18. NO. OF DEPENDENTS one	
19. RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify)		20. MARRIAGE STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (specify)		21. U.S. CITIZENSHIP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		22. CIVILIAN OCCUPATION AND NO. None					
MILITARY HISTORY											
23. SELECTIVE SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		24. REGISTERED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		25. LOCAL S. S. BOARD NUMBER		26. COURT AND STATE Cook, Illinois		27. HOME ADDRESS AT TIME OF ENTRY ON ACTIVE DUTY See Item 9			
28. DATE OF ENTRY ON ACTIVE DUTY 7 Jul 1941				29. MILITANT OCCUPATIONAL SPECIALTY AND NO. Infantry Unit Commander 1542							
30. BATTLES AND CAMPAIGNS Sicily, GO 75 War Department 1943 Naples, Foggia, GO 83 War Department 1943											
31. DECORATIONS AND CITATIONS Purple Heart, GO 265 Schick GH Clinton Iowa 22 Feb 44											
32. WOUNDS RECEIVED IN ACTION 8 Dec 1943 African Middle Eastern Theater											
33. SERVICE SCHOOLS ATTENDED OCS Infantry, Ft Custer, Michigan 7 Jun 1942 to 17 Sep 1942						34. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN DATE OF DEPARTURE 12 Jul 1943		35. DESTINATION AMET USA		36. DATE OF ARRIVAL 30 Jul 1943	
37. REASON AND AUTHORITY FOR SEPARATION Relieved from active duty by action of Army Retiring Board, GO 303 Schick GH						38. DATE OF DEPARTURE 15 Jan 1945		39. DESTINATION USA		40. DATE OF ARRIVAL 28 Jan 1945	
41. CURRENT TOUR ON ACTIVE DUTY											
CONTINENTAL SERVICE				FOREIGN SERVICE				EDUCATION (years)			
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	GRADE SCHOOL	HIGH SCHOOL	COLLEGE
2	1	22	1	7	16	8	4	0			
INSURANCE NOTICE											
IMPORTANT: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY DAYS THEREAFTER, INSURANCE WILL Lapse. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.											
39. KIND OF INSURANCE MIL. SERV. <input checked="" type="checkbox"/> U.S. Govt. <input type="checkbox"/> None <input type="checkbox"/>		40. HOW PAID Allotted <input checked="" type="checkbox"/> Direct P.A. <input type="checkbox"/>		41. Effective Date of Allotment Discontinuance Dec 1945		42. Date of Next Premium Due (after monthly after 30) Jan 1946		43. PREMIUM DUE EACH MONTH \$6.70		44. INTENTION OF VETERAN TO Continue <input checked="" type="checkbox"/> Continue only <input type="checkbox"/> Discontinue <input type="checkbox"/>	
45. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)											
46. SIGNATURE OF OFFICER BEING SEPARATED 						47. PERSONNEL OFFICER (Type name, grade and organization - signature)  John E. Dempster, 1st Lt., AGO					

WD AGO Form 53-97
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 280 for officers entitled to a Certificate of Service, which will not be used after receipt of this revision.

ARMY SEPARATION QUALIFICATION RECORD

WD AGO FORM 100

SEPARATION		ARMY QUALIFICATION		RECORD					
LAST NAME DOE,	FIRST NAME - MIDDLE INITIAL JOHN M	ARMY SERIAL NUMBER 0 456 203	GRADE Maj	DATE OF ENTRY INTO ACTIVE SERVICE 10 Mar 42	DATE OF BIRTH 1 Jan 00				
PERMANENT ADDRESS FOR MAILING PURPOSES (Street and Number - City - County - State) 7900 S United Ave, Chicago, Cook Co, Illinois									
HIGHEST GRADE COMPLETED 12	LAST YEAR OF ATTENDANCE 1917	HIGHEST DEGREE RECEIVED None	MAJOR COURSE OF STUDY General	NAME AND ADDRESS OF LAST SCHOOL ATTENDED Roosevelt High School Chicago, Illinois					
CIVILIAN EDUCATION									
COURSE	NO. WKS	COURSE	NO. WKS	COURSE	NO. WKS				
None									
OTHER TRAINING OR SCHOOLING									
COURSE	NO. WKS	COURSE	NO. WKS	COURSE	NO. WKS				
SERVICE EDUCATION									
SERVICE SCHOOL	COURSE	YES OR NO	RATING	INSTITUTION WHERE ENROLLED	ARMY SPECIALIZED TRAINING PROGRAM (COURSE OF TRAINING PROVIDED)				
Infantry	Officers Refresh- er Course	8	SUP		None				
CIVILIAN OCCUPATIONS									
MAIN OCCUPATION (TYPE)			SECONDARY OCCUPATION (TYPE)						
None #			JOB SUMMARY						
#Subsequent to discharge from the Army in 1918, individual spent three years and three months as an enlisted man in the U.S. Navy; approximately three more years, prior to enlistment in the regular Army, were spent in civilian employment, but since recency in work experience is important in job placement, and since his work experience			at that time has no relationship to present vocational desires; no entries were considered justified. The individual, on the basis of approximately twenty-two years military experience, is qualified to work with veterans in a readjustment program, e. g., Veterans Administration.						
NO. OF LAST DATE OF EMPLOY - NAME AND ADDRESS OF EMPLOYER			NO. OF LAST DATE OF EMPLOY - NAME AND ADDRESS OF EMPLOYER						
YEARS HERE			YEARS HERE						
MILITARY SPECIALTIES									
YEARS	MONTHS	GRADE	PRINCIPAL DUTY	ASSIGNMENTS ARMY CODE NO.	YEARS	MONTHS	GRADE	PRINCIPAL DUTY	ARMY CODE NO.
3	10	M/Sgt	Personnel Sgt Major	-	0	7	1stLt	Instructor Mech Gun (Inf)	-
9	9	CWO	Bn Personnel Adj	-	2	8	Maj	Inf Unit Cmdr	1542
3	11	1stLt	Adm Off - GOC	-					
SUMMARY OF MILITARY OCCUPATION: Subsequent to discharge from the Army in 1918, individual spent three years and three months as an enlisted man in the U.S. Navy; approximately three more years, prior to enlistment in the regular Army, were spent in civilian employment, but since recency in work experience is important in job placement, and since his work experience experience as enlisted man and warrant officer in the regular Army was in the field of personnel, record keeping, interviewing, assignment, and rating; performed other clerical and administrative tasks in conjunction with these duties. Approximately four years were spent as GOC administrative officer, which duty included command of a company, supervision of work projects, mess, housing, recreation, etc. Prior to overseas assignment as an infantry unit commander, he performed as an instructor of machine gun operation at an infantry replacement training center.									
INFANTRY UNIT COMMANDER. Was responsible for training enlisted men in the unit preparatory to going into combat in the use of light and heavy machine guns, mortars, and hand grenades, etc. In the combat zone was responsible for tactical decisions affecting unit and for leading men into battle. At all times was charged with the responsibility of morale and general welfare of his men.									
* THIS INFORMATION BASED ON SOLDIER'S STATEMENT. (Indicate by " " any item not supported by military records)									
DATE OF SEPARATION 18 Dec 45		SIGNATURE OF SOLDIER John M. Doe.				SIGNATURE OF SEPARATION CLASSIFICATION OFFICER Wilson R G Bender WILSON R G BENDER, Capt, AGH			

W.O., A.G.O. FORM NO. 100 15 July 1944

SEE TM 12-237 FOR PREPARATION OF FORM 100.

PREVIOUS EMPLOYER CARD, WD AGO FORM 519

WAR DEPARTMENT
Schick General Hospital
Clinton, Iowa

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300
(GPO)

Advance Advertising Co,
500 S Michigan Ave,
Chicago, Ill.

FRONT

HEADQUARTERS Schick General Hospital
Clinton, Iowa

NAME	DATE OF BIRTH	DATE OF SEPARATION
Lt William R Johnson	1 Nov 1917	18 Dec 1945

In order to assist military personnel to return systematically to gainful civilian occupations, you are informed that the individual named above has been separated from the service.

This card is intended as a service both to the veteran and to his previous employer. The veteran has received complete data with respect to his military service. It is therefore urged that no correspondence be entered into with the commanding officer of the installation named above. Correspondence, if unavoidable, should be addressed to "The Adjutant General, War Department, Washington 25, D. C."

BACK

PREVIOUS EMPLOYER CARD

W. D., A. G. O. Form No. 519
1 September 1944

16-41425-1 GPO

NOTE: If the officer was employed prior to entry on active military service, mail WD AGO Form 519 to his previous employer.